TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after deoth. If ony deloy is necessory, please execute a certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funer director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you les.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regions prior to burial, cremation. or removol.

VS. A15ME(5) 5M 9/55

	ATE DEPARTMENT		
10142 MEDICAL	EXAMINER'S C	ERTIFICATE OF	DEATH

_		10144			J GERMAN				T12	
1. 7	LACE OF DEATH				2. USUAL RESIDENCE	E (Where dece	ased lived. If institu	ution: Residen	ce before ad	mission)
		Dorchester		MARYLAND	d. SIAIE Man	yland	B. COUNT	Dorche	ester	
Ь	CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside co	rporote limits, write	RURAL and	give nearest t	lown)
		Cambridge		entire life	13 Camb	ridge	4 - 4 -			
d	NAME OF HOSPITA			spital, give street address)	d. STREET ADDRE				01	RESIDENCE
-		502 Byrn S	treet		502	Byrn S	treet		YES	NO G
-8	IAME OF ECEASED	Fire	ıt	Middle	Last	4. DATE OF	Mont	h	Day	Year
	ype or print)	John	,	Mace	Bramble,	DEATH	Deb neuro			19
5. \$	EX	6. COLOR OR RACE	7. MARRI	ED A NEVER MARRIED	B. DATE OF BIRTH		9. AGE [In years lost birthday)	IF UNDER 1		DER 24 HRS.
N	ale	White	WIDOWE	D DIVORCED	June 28,190	6	55 yrs.	Months D	ays Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b. I	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	itate or foreign	country)	12. CITIZI	EN OF WHA	TCOUNTRY
		e Dept.E.S	.S. No	spital	Cambrid	ge		J	J.S.	
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
	T.Milb	ourne Bram	ble.S	r	Sallie	L.Mill	Ls			
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	No	In lest dive wat or agree of		14-07-9677 Mr	s.Oneita H.	Bramble	- 502 Bym	st.	Cambri	dee Md
		TH [Enter only one cau							INTERVAL BETY	WEEN
	PART I. DEAT	H WAS CAUSED BY:	Con	ronary occlu	agion				Inst	
	420.1	IMMEDIATE CAUSE (6)	_3,03	ronary ocert	ISTOIL				TIIO	Janu
	Conditions, if or									
	gove rise to immed	liote couse								
	(a), stating the couse last.	inderlying (c)								
z				ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
일									PERF YES 🗍	ORMED?
FIC	20a. EXTERNAL CAU	ISE WAS 120	h DESCRIB	E HOW INJURY OCCURRED.	Enter nature of injury in	Part Las Part	II of item 19 )		163	NO PA
CERTIFICATION	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING [	D. DESCRIB	E HOW HOOK! OCCORRED.	cine noide of injury in	ron tor ron	it of fiell 15.			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea		1 1	ACE OF INJURY (Home,		ty or town)	(Caun	ty)	(State)
AED AED	Hour o.m.	19	While of we	ork ot work	tory, street, office bldg.,	elc.)				
		at I took charge	of the	remains described ab	ove, held an Auto	opsy $\square$ .	Inspection [X]	Inquiry	D. and	l find tha
					icide . Homic		Indetermined			
				<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ACTUAL SIGNATURE	41.	21-	1	CHIEF MEDICA	L EXAMINER F	7		DATE	SIGNED
	SIGNATURE	nous		7	M.D.	DICAL EXAMIN				
	EXAMINER'S JO	ohn Mace	Jr.	M.D.		CAL EXAMINER	_ 0,	16/61		
220.	BURIAL, CREMATIO BENOVAL (Specify)			22c. NAME OF CEMETERY O			ATION (City, town,		(Ste	ote)
1										
		Sept.16,	1901	Dorchester Me			Cambridge			
23.	FUNERAL DIRECTOR		1901	ADDRESS Cambridge.	240.	REC'D BY REGISEP 1 9 '(	STRAR 24b. REGI	STRAR'S SIGN		

HTASO TO STADING STREET CERTIFICATE OF DEATH In a place the first hardest will be to the region of the proof was long or the party of E LANGE TO A SECTION OF THE PARTY OF THE PAR AL THE CONTROL OF THE RESERVE OF A CONTROL OF THE C

TO DY TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the delay is necessary, make please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it, here director. Page 70 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be resained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, I So or its designated agent, prior to burial, cremation, or removal, and in any event within 72 four, after death.

VS. A15ME 5M 7/59

MARY	LAND STATE D	EPARTMENT OF	HEALTH	
Division of STATISTICAL RESEAR	CH AND RECORDS	301 W. PRESTON S	TREET, BALTIMORE	1, MARYLAND
Division CELATISTICAL RESEAR MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	10140

1. PLACE OF DEATH							
e. COUNTY	H				NCE (Where deceased		sidence before edmission)
Do	rchester		MARYLA	e. STATE Mar	yland	b. COUNTY Dore	chester
b. CITY OR TOWN	if outside corporete limits,	,	c. LENGTH OF STAY			mils, write RURAL end	give neerest town)
	give neerest town) Creek	VA ST	Life	Church	Creek		
	TAL OR INSTITUTION (IF	not in hospit					I e. IS RESIDENCE
Home				1			ON A FARM?
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey Year
(Type or print)	Addi		R.	Brannock		ept.	1 1961
5. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		(In years   IF UNDER 1 YE	
Female	White	WIDOWED	DIVORCED	8/2/1885		yrs. Months De	ys Hours Min.
	ION (Give kind of work	106. KINI	OF BUSINESS OR IN		nta or foreign country)	12. CfTIZI	EN OF WHAT COUNTRY?
None	orking life, even if retired)		*	Maryla	nd	U.S	5.A.
13. FATHER'S NAME				14. MOTHER'S MAIDE			
Willia	m A. Bran	nock		Addie V			
15. WAS DECEASED EV	ER IN U.S. ARMED FORC	ES?   16. SC	CIAL SECURITY NO.	17. INFORMANT	201101 0	Address	
(Yes, no, or unkown) (I	fyes give wer or detes of ser	vice)	None	Miss Vivian	Brannocl	c. Church	Creek. Md
	EATH [Enter only one c	ause per line					INTERVAL BETWEEN
	H WAS CAUSED BY:			-land on		10 -07 01	ONSET AND DEATH
	IMMEDIATE CAUSE (e)	COL	onary oc	CIUSION			30 Mins.
110							
420.1	DUE TO						
420./ Conditions, if eny	, which ) (b)						
geve rise to immedi	, which (b)_						
	, which (b)_						
geve rise to immedi (e), steting the u cause lest.	(b)	ONS CONTR			MINAL DISEASE CONDI	TION GIVEN IN PART 1	eli 19. WAS AUTOPSY
geve rise to immedi (e), steting the u cause lest.	(b)	ONS CONTR		BUT NOT RELATED TO THE TER/	WINAL DISEASE CONDI	TION GIVEN IN PART 1	PERFORMED?
geve rise to immedi (e), steting the u cause lest.	(b)		UBUTING TO DEATH B	BUT NOT RELATED TO THE TER/			
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	(b)_ iele ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS 208		UBUTING TO DEATH B				PERFORMED?
geve rise to immedia (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.	(b)	DESCRIBE	HOW INJURY OCCU	BUT NOT RELATED TO THE TER/ JRED. (Enter nature of injury In F De. PLACE OF INJURY (Home, fi	Pert I or Pert II of item 16	3.)	PERFORMED? YES NO
geve rise to immedia (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.	(b)	o. DESCRIBE	RIBUTING TO DEATH B	BUT NOT RELATED TO THE TER!	Pert I or Pert II of item 16	3.)	PERFORMED? YES NO
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY Or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.	(b)_ iele ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS NTRIBUTING   208  RY Month, Dey, Yeer	20d. INJ While	HOW INJURY OCCU  JURY OCCURRED 20  Not While at work	BUT NOT RELATED TO THE TER/ JRED. (Enter nature of injury In F De. PLACE OF INJURY (Home, fi	Pert I or Pert II of item 16	3.) vn) (Counts	PERFORMED? YES NO
geve rise to immedia (e), steting the ucause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or COCAUSE OF DEATH.  20c. TIME OF INJUITED TO THE PRIMARY or COCAUSE OF DEATH.  21. I certify the	(b)_ iete ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS NTRIBUTING   208  RY Month, Dey, Yeer  19  nat I took charge of	20d. INI While et work [	HOW INJURY OCCU  JURY OCCURRED 20  Not While at work	BUT NOT RELATED TO THE TER/  JRED. (Enter nature of injury in F  De. PLACE OF INJURY (Home, for fectory, street, office bidg., e	Pert I or Pert II of item 18 erm, 20f. (City or fow ltc.)	(County	YES NO YES
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.	(b)_ iete ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS NTRIBUTING   201  RY Month, Dey, Yeer  19  nat I took charge of	20d. INI While et work [	HOW INJURY OCCU	BUT NOT RELATED TO THE TER/  JRED. (Enter nature of injury in F  De. PLACE OF INJURY (Home, for fectory, street, office bldg., e  ve, held an Autopsy,  Suicide, Homicid	Pert I or Pert II of item 18  Brm, 20f. (City or fow lote.)  Inspection , Undetern	3.) vn) (Counts	YES NO YES (State)
geve rise to immedia (e), steting the ucause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or COCAUSE OF DEATH.  20c. TIME OF INJUITED TO THE PRIMARY or COCAUSE OF DEATH.  21. I certify the	(b)_ iete ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS NTRIBUTING   208  RY Month, Dey, Yeer  19  nat I took charge of	20d. INI While et work [	HOW INJURY OCCU	JRED. (Enter nature of injury In Fig. PLACE OF INJURY (Home, fig. fectory, street, office bldg., eve, held an Autopsy, Suicide, Homicid CHIEF MEDICA	Pert I or Pert II of item 18  Brm, 20f. (City or fow old.)  Inspection X.  e, Undetermand LEXAMINER	(County	YES NO
geve rise to immedia (e), steting the ucause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or COCAUSE OF DEATH.  20e. TIME OF INJUITED TO THE PRIMARY or COCAUSE OF DEATH.  21. I certify the death resulted in the content of the con	(b)_ iete ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS NTRIBUTING   208  RY Month, Dey, Yeer  19  nat I took charge of	20d. INI While et work [	HOW INJURY OCCU	JRED. (Enter nature of injury In Fig. 1)  De. PLACE OF INJURY (Home, fig. 1)  fectory, street, office bldg., e  ve, held an Autopsy,  Suicide, Homicid  CHIEF MEDICA  M.D. ASSISTANT M	Pert I or Pert II of item 18  arm, 20f. (Cily or fow otc.)  Inspection X,  e  , Undetern  LEXAMINER    EDICAL EXAMINER	Inquiry, mined manner	YES NO YES
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted in ACTUAL	(b)_ iete ceuse nderlying  R SIGNIFICANT CONDITION  AUSE WAS NTRIBUTING   208  RY Month, Dey, Yeer  19  nat I took charge of	20d. INJ While of work [ the remainses \$\mathbb{K}\$],	HOW INJURY OCCU	DED. (Enter nature of injury In Figure 1)  De. PLACE OF INJURY (Home, fa fectory, street, office bldg., eve, held an Autopsy,  Suicide, Homicid CHIEF MEDICA  M.D. ASSISTANT M  DEPUTY MEDICA	Pert I or Pert II of item 18  arm, 20f. (City or fow otc.)  Inspection X,  e  , Undeternor LEXAMINER  EDICAL EXAMINER  CAL EXAMINER X	Inquiry, anined manner	YES NO YES (State)  And in my opinion  DATE SIGNED
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted the ACTUAL SIGNATURE EXAMINER'S NAME (Type)  12e. BURIAL, CRAMATIC REMOVAL Specify  12e. BURIAL, CRAMATIC REMOVAL Specify	AUSE WAS NOTRIBUTING   201  RY Month, Dey, Yeer  19  19  101  101  102  103  104  105  107  107  108  108  109  109  109  109  109  109	20d. INJ. While of work [ the remainses K.,  Jr.	HOW INJURY OCCU  JURY OCCURRED 20  Not While at work  Accident  M. D.  Re, NAME OF CEMETE	JRED. (Enter nature of injury In Figure 1)  De. PLACE OF INJURY (Home, figure fectory, street, office bldg., eve, held an Autopsy,  Suicide, Homicid,  CHIEF MEDICA,  M.D. ASSISTANT M.DEPUTY MEDIC Address (Street	Inspection	Inquiry, mined manner	YES NO
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted in ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22e. BURIAL, CEMATIC REMOVAL (Specify, BURIAL, CEMATIC REMOVAL (Specify, BURIAL)	AUSE WAS INTRIBUTING INTRIBUTION INTRIBUTI	20d. INI While et work the remainses K.,  Jr.	HOW INJURY OCCU  JURY OCCURRED 20  Not While at work  ns described above Accident  M.D.  2c. NAME OF CEMETE Old Trin	De. PLACE OF INJURY (Home, fa fectory, street, office bldg., e  ye, held an Autopsy, Suicide, Homicid CHIEF MEDICA M.D. ASSISTANT M DEPUTY MEDIC Address (Street) ERY OR CREMATORY	Inspection	Inquiry, nined manner  9/6/61 Cambridg	YES NO
geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m. 21. I certify th death resulted if  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22e. BURIAL (CPMATIC REMOVAL (Specify) BURIAL (CPMATIC REMOVAL (Specify) BURIAL	AUSE WAS NATRIBUTING   201  RY Month, Dey, Yeer  19  nat I took charge of from: Natural cau  John Mace  ON, 22b. DATE THEREO  9/3/61	20d. INI While et work the remainses K.,  Jr.	HOW INJURY OCCU  JURY OCCURRED 20  Not While at work  ns described above Accident  M.D.  2c. NAME OF CEMETE Old Trin	De. PLACE OF INJURY (Home, fa fectory, street, office bldg., e  ye, held an Autopsy, Suicide, Homicid CHIEF MEDICA M.D. ASSISTANT M DEPUTY MEDIC Address (Street) ERY OR CREMATORY	Pert I or Pert II of item 18  arm, 20f. (Cily or fow of the cit.)  Inspection  E  Undetermode  EXAMINER  EDICAL EXAMINER  CAL EXAMINER  t, city, fown, or county)  22d. LOCATION (Church	Inquiry    Inquiry   I	YES NO NO NO NATURE

Bank on H drate exer BAR FRANK Addie Videre None . . Miss Mirias Transcot, Chare's Diesis. Md. . All . E. A. Tadras, on a service and all . Was Turgon mot .bil. and the control of the control The course summer to be a selected to the second second

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10146 funeral PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY e. STATE b. COUNTY the d MARYLAND death OR TOWN (if Autside corposete limits, and LENGTH OF STAY IN c. CITY\_OR WN (If outside/corporete limits, write RURAL end give nearest town) ģ .⊆ filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES A NO 3. NAME OF DATE DECEASED OF pal DEATH (Type or print) Com carbon IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR last\_birtbdey) and Months Deys Hours Min. yrs. WIDOWED 2 DIVORCED physician WMAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. GETZEM 13. FATHER'S NAME AIDEN NAME 14. MOTHER'S please affending 16. SOCIAL SECURITY NO ARMED FORCES (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Arteriosclerosis Conditions, if any, which peen (b) geve rise to immediate ceuse DUE TO (a), stating the underlying has cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital PERFORMED? as 0 NO 4 use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) Po OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on...... 22e. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CREMATION. 0 25b. REGISTRAR'S SIGNAFURE REGISTRAR VR A15 (4) '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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ō	m	TO FUN AL DIRECTOR: After this certificate has been signed by the attending physicion and campletely fill m by the funeral direction.	8	the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.
-	S	A15	(4	)
1	54	1 9	55	

DIACTOR	DEATH	10147		CER		ATE OF DEA		10 1 24 2	Reg. D		42	
a. COUNT	Υ _	Dorcheste	r	M	ARYLAND	2. USUAL RESIDENCE a. STATE Mary	(Where decease	b. COUNTY	_		he st	
RURAL	and give ne	f outside corporate limi carest town)		c. LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN	(If autside corp	orate limits, write R				
RFD	#2-(	Cambridge	Md.	<u> </u>		Cambr		1	3			
OR INS	TITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES			1		ON A F	ARM?
3. NAME OF DECEASED (Type or pr	rint)	Joseph	sf	Mic	idle	tait Chase	4. DATE	Mon MSeptemb		Do	y Ye	
S. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UNDER	
Male		Negro	WIDOW		RCED 🔲	May 15.18	361	100 yrs.	Months	Days	Hours	Min.
Oa. USUAL C	CCUPATIC	ON (Give kind of work a	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHPLACE (S	tote ar fareign	cauntry)	12. CI	TIZEN C	F WHAT C	OUNT
Car	pent	er				Dor-Co				US	SA	
3. FATHER'S		17.				14. MOTHER'S MAID						
		hase	CES2 14	SOCIAL SECTIONS	NO 117 1	Sarah	Holli					
Yes, no. or unkno	own)	If yes, give wor or dates of so				. Leonard	Vern	A Class	igh	St		
4414				none	1-11	1 10°7 ( 11 1 24 T°1	I DOCU	2 - DI U	am hm	1 da	e Md	
18. CAU	ART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	)	cardiac	De C	ompensatio	n			INT	RVÁL BETV ET AND D	VEEN
Candili gave r cause (a lying co	ART I. DEA'  /20  ions, if or ise to ir i), stating to use last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under- (c)	Art	e for (o), (b), and Cardiac erioscl	Dece	ompensatio	on Diseas	е		INTI	P. WAS AU	VEEN EATH
Candili gave r cause (a lying co	ART I. DEA /2 Or ions, if or ise to ir ise to ir i), stating in ouse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under- (c)  IER SIGNIFICANT CON	Art	e for (a), (b), and Cardiac erioscl	Deco	ompensatio	n Diseas	SE CONDITION GIV		INTI	P. WAS AU	VEEN EATH ITOPSY MED?
Candili gove r cause (a lying co	ART I. DEA /2 Or ions, if or ise to ir ise to ir is use last. ART II. OTH IDENT WA IRIBUTING R, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under- (c)	DITIONS C	e for (a), (b), and Cardiac erioscl	Decception	ompensation ic Heart I	PARTITION OF PORTION O	SE CONDITION GIV	EN IN PAR	INTI	P. WAS AU	TTOPSY WED? NO
Candili gove r cause (a lying cause) 20a. ACC OR CON (IF EITHEI 20c. TIME How	ART I. DEAM  / 2 Or  ions, if or ise to ir is, stating pusse last.  ART II. OTH  IDENT WAR  IRIBUTING R, NOTIFY  OF INJUR  or m. p. m.  ertify th	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under:  (c)  SER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year  19  at 1 attended the	DITIONS C  20b. DESC  ar 20d. It While at world  decease	e for (o), (b), and  Cardiac  ONTRIBUTING TO  CRIBE HOW INJURY  STURY OCCURRED  Not while of work	Deccept Death But	ompensation of the transfer of	erminal Diseas  of in Port I or Port	SE CONDITION GIV  ort II of item 18.)  ty or town)  16, 1961	EN IN PAR	County)	9. WAS AU PERFORM YES 1	VEEN EATH
Candili gove r cause (a lying cause) 20a. ACC OR CON (IF EITHEI 20c. TIME Have 21. 1 ca	ART I. DEAM  / 2 Or  ions, if or ise to ir is, stating pusse last.  ART II. OTH  IDENT WAR  IRIBUTING R, NOTIFY  OF INJUR  or m. p. m.  ertify th	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under:  (c)  SER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year  19  at 1 attended the	DITIONS C  20b. DESC  ar 20d. It While at world  decease	e for (o), (b), and  Cardiac  ONTRIBUTING TO  CRIBE HOW INJURY  STURY OCCURRED  Not while of work	Deccept Death But	OMPONSATION  LC Heart I  NOT RELATED TO THE T  D. (Enter nature of injury  ACE OF INJURY (Home, clory, street, affice bldg.	erminal Diseas  of in Port I or Port	SE CONDITION GIV  ort II of item 18.)  ty or town)  16, 1961	EN IN PAR	County)	9. WAS AU PERFORM YES 1	VEEN EATH
Candili gove r cause (a lying cause) 20a. ACC OR CON (IF EITHEI 20c. TIME Have 21. 1 ca	ART I. DEA  / 2 Or  ions, if on ise to ir in the insertion of insurance ir a. m. p. m.  priffy th insertify th	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under:  (c)  SER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year  19  at 1 attended the	DITIONS C  20b. DESC  ar 20d. It While at world  decease	e for (o), (b), and  Cardiac  ONTRIBUTING TO  CRIBE HOW INJURY  STURY OCCURRED  Not while of work	Death But Y OCCURRE  20e. Pt. for	ompensation of the transfer of	erminal Diseas  form. 20f. (Ci. etc.)  Sept  M, fro	SE CONDITION GIV  art II af item 18.)  by ar town)  16, 1961  arm the causes a Street, city ar town.	EN IN PAR	County)	9. WAS AU PERFOR YES 1	VEEN EATH  ITOPSY MED?  (State eceas:
Candili gove recause (a lying composed on Control (IF EITHEI How alive o	ART I. DEA  / 2 Or  ions, if on ise to ir i), stating i ouse last.  ART II. OTH  IDENT WARTING  R, NOTIFY  OF INJUR  p. m.  prtify th  nSep1  RE	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under-  CER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yea  19  at I attended the  COMBO T 16	DITIONS C  20b. DESC  20d. In While of world  decease	e for (o), (b), and  Cardiac  ONTRIBUTING TO  CRIBE HOW INJURY  STURY OCCURRED  Not while of work	DEATH BUT  Y OCCURRE  20e. PL for	D. (Enter nature of injury, ACE OF INJURY (Home, ctory, street, office bldg.  8, 1960, to	erminal Diseas  form. 20f. (Ci. etc.)  Sept  M, fro	SE CONDITION GIV  art II af item 18.)  by ar town)  16, 1961  arm the causes a Street, city ar town.	EN IN PAR	County)	9. WAS AU PERFOR YES 1	VEEN EATH  ITOPSYMED?  (State eccas)
Candilia gove records of the control	ART I. DEA  / 2 Or  ions, if on ise to ir i), stating in, stating value last.  ART II. OTH  IDENT WAR  IDENT WAR  RIBUTING R. NOTIFY  OF INJUR  or  or  or  or  or  or  or  or  or  o	TH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  ny, which mmediate the under-  GER SIGNIFICANT CON  SUNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yea  19  at I attended the tember 16  J. Edwin  N. (22b. DATE THEREO	DITIONS C  20b. DESC  20b. DESC  ar 20d. In While of work  decease  126	Cardiac erioscl ONTRIBUTING TO CRIBE HOW INJURY OCCURRED Not while of work defram Jan 1, and the	DEATH BUT Y OCCURRE  20e. PL for	ompensation of the property of	erminal DISEA  r in Port Lor Port  form, 20f. (Ci. etc.)  Sept  M, fro  ADDRESS ne St.	esse condition GIV  art II af item 18.)  by or tawn)  16. 1961  Im the causes a  Street, city ar tawn.  Cambri  ATION (City, tawn, c	en in par (find ind an total and an total and an total and	County)	9. WAS AU PERFOR YES 1	VEEN EATH  ITOPSY MED?  (State eceas:

· black with The said and the said of the s THE REPORT OF THE PROPERTY OF E. STRILL PARTIES. , and bediese in the winds went deposits it If the victorial are treated as the order of the order of the order Committee of the commit

FOR STATE HEALTH DEPT is necessa ral director for your TO DEJ TEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if any related please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the related to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Boar or its designated agent pring to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10143

	. PLACE OF DEATH		2. USUAL RESIDENC	E (Whare decaasad livad, If I	nstitution: Rasidence before edmission)
	a. COUNTY Dorchester	MARYLAND	a. STATE Marvl	b. COUN	
V-	b. CITY OR TOWN (il outside corporate limits,	c. LENGTH OF STAY IN 16	V		Purchester Rural and give nearest town)
1	write RURAL and giva nearest town) Cambridge	X Max 6 Hrs			KOKAL and give needess lowny
100	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give strael addrass)	d. STREET ADDRESS		e. IS RESIDENCE
4	Cambridge Md. Hospita				ON A FARM? YES NO
1	B. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print) Larry		collins	DEATH Sept.	10 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED K 8.	DATE OF BIRTH	9. AGE (In years   lest birthday)	
	Male   Negro   widowi		ov. 26, 19	60 yrs.	Months Pays Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	CIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stale o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	None	Maryla	and	U.S.A.
1	3. FATHER'S NAME	210220	14. MOTHER'S MAIDEN N	IAME	
	James Herbert Collin		Lillian (	C. Savage	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. Yes, no, or unkown)   (Ifyasgive war or detes of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	No None	None Mr	. J.H. Col;	lins Hurl	ock. Md.
	18. CAUSE OF DEATH [Enter only ona cause par	line for (a), (b), end (c).)			INTERVAL BETWEEN
I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) TOX	emia			ONSET AND DEATH
L	096.9 DUE TO				
		te Virus inf	ection		2 davs
1	gava rise to immediate cause				z days
П	(a), steting the underlying DUE TO				
١,	(0)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1/21 10 WAS ALTORSY
I C	TAKE II. OTHER SIGNALICAN. CONSTITUTE CO.	THE STATE OF THE STATE OF THE	THE TENNING	AL DISEASE CONDITION GIVE	PERFORMED?
100	S FYTERNAL CAUSE WAS LOST PROPERTY.	NOT HOLD DIVIDE OF STREET			YES NO K
CEDTIEI ATION		RIBE HOW INJURY OCCURED. (E	niar nature of injury in Part	or Pan II of Ham 16.)	
A DIVERNI	20c. TIME OF INJURY Month, Dey, Yeer 20d.		CE OF INJURY (Homa, farm, ory, street, office bldg., etc.)	20f. (City or lown)	(County) (Slale)
AAA	p.m. 19 et wor	rk at work			
П	21. I certify that I took charge of the rem	nains described above, hel	d an Autopsy , I	nspection K, Inquiry	and in my opinion
	death resulted from: Natural causes X	, Accident , Suici	de 🔲, Homicide [	, Undetermined ma	nner 🗍
			CHIEF MEDICAL EX	CAMINER [	
	ACTUAL SIGNATURE	Moral	M.D. ASSISTANT MEDIC	CAL EXAMINER	DATE SIGNED
L		7	DEPUTY MEDICAL	EXAMINER X 9/16	/61
	EXAMINER'S John Mace Jr		Address (Streat, cit	y, lown, or county) Cam	bridge. Md.
2	2a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town,	- Rf J
	Burial   9/11/61	Petersburg (Cambridge, N	Cemetery	Hurlock, Do	r. Md.
1	23. FUNERAL DIRECTOR Herbert St. Clair	Cambridge, N	1d. REC'I	BY REGISTRAR   24b. REGIS	TRAR'S SIGNATURE
	TOT DOT O D O TAIL	Juni 12 2 2 2 3 3 1 1	DATE	14 '61 Ch	
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PERSON OF STADISTREE PRESIDENTIAL DEPOSIT OF STATE AND 5 1 12 1 TOTAL LEGIS OF THE STREET MURINEL HUMANIEL the large trust the limit to be a few and the same and th ALEXANDER OF THE PROPERTY OF 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be to be a solution or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	101	49		CERTIF	CATI	OF DE	ATH			1	014	14	
1.	PLACE OF DEATH o. COUNTY Do:	rchester	1	MARYL	- 1	o. STATE		ere deceased	lived. If institution b. COUNTY	-	nce befor		on)
	b. CITY OR TOWN (IF RURAL ond give ne- Secreta:		ts, write c.	Life	N 16	e CITY OR TO	-	utside corpor retary	ote limits, write R	URAL ond	give neo	rest town	
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street odd	iress)		d. STREET ADD	DRESS						DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Julius		Middle Victor		Lost		4. DATE OF DEATH	Mon Septem		Do		<sup>(eor</sup>
	Male Male	White	WIDOWED		1	Sate of BIRTH		90	9. AGE (In years lost birthdoy) yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
	during most of work	N (Give kind of work of ing life, even if retired)					ester	r Co.,	Marylan		U.S.		OUNTRY?
		d Coors					otte	Eliza	beth (ma		name	unk	nown
1S.		R IN U. S. ARMED FOR If yes, give wor or dates of so	ervice)	CIAL SECURITY NO. 14-18-4326			da Co	ors.	Add Secretar		rvl	and	
NOI	Conditions, if or gove rise to in couse (o), stoting t lying couse lost.  PART II. OTH	nmediote (		NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PAI	RT 1(o) 1	9. WAS A PERFO	AUTOPSY
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED. (	Enter noture of i	njury in P	ort I or Port	II of item 18.)			YES [	ио Ж
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. INJU While at work	Not while	20e. PLACI foctor	OF INJURY (Ho y, street, office b	me, farm, ldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t (I) (this haspital ed alive an	artended 3			attendings, Phys. 22d, ADDRESS	ME	A, from	9/3 the causes an	, 19-1 d an th	-1	staled	abave. D. DATE SIGNED
23	BURIAL, CREMATION REMOVAL (Specify) Burial		100	East New				_	ION (City, town,		Mary	(State	
- "	FUNERAL DIRECTOR'S	s signature om and Son,	Feder	alsburg,	Mary1	3	So. REC'D	BY REGIST	RAR 2Sb. REGI	STRAR'S S	IGNATU	RE	

2 of S. Kinus

PALOU HEAD TO SCHOOL STATES A.C. Sharing I.S. Sharing St. The state of the s THE SAME OF THE PARTY OF THE PA AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, of 2 should be filed with may be estained by the hospital or attending physician.

• FUNF DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. TO HOSPIT TO FUNE

		MARY	AND	STATE DEPA	RTME	NT OF HEALTH	-BAL	TIMORE, 1	8			
		10150		CERTI	FICA	TE OF DEATH	1		Reg. Di	st. No.		
Dor. cuez ret. co.				MARY	LAND	2. USUAL RESIDENCE (Who a. STATE Md.	ere decease	L COUNTY	n: Residen Dorch		-	
	b. CITY OR TOWN (IF RURAL and give need	autside carporote limi arest tawn)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If a	utside carpo	prote limits, write RU	JRAL and	give nea	rest fow	n)
	Toolfords			15 Year:	5	Woolfords						
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS	,					SIDENCE A FARM?
		colfords, 1	Id.			Woolfords						NO X
3.	NAME OF	Fin	st	Middle		Lost	4. DATE	Mont	h	Day	,	Year
	DECEASED (Type or print)	Alice		L.		Davis	OF DEATH	Sept.		25		19 61
5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARRIE	рП В	. DATE OF BIRTH		9. AGE (In years		1 YEAR		ER 24 HRS.
F	Pemale	White	WIDOW	ED DIVORCEI		June 13, 1873		88 birthday) yrs.	Manths	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of wark o	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (State	ar fareign c	ountry)	12. CIT	IZEN O	WHA	COUNTRY?
	Housewil			None		Baltimore	, Md.		I	J.S.	A .	
13.	FATHER'S NAME		M -			14. MOTHER'S MAIDEN N	IAME				•	
	Claren	nce Mackubi	in			Katherine	Rowl	es				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT		Addr	ess			
(10)	No or unknown) (t	f yes, give wor or dates of so	BLAIC®]	None	Mr.	Phillip Hig	gins	Woolfor	ds. I	Md.		
		TH [Enter only one co	use per li	ne far (a), (b), and (c).				/		INTE	RVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	K	orpu	m	1 (enter	_ 71	Jan Ka-	1-	ONS	T AND	DEATH
	4-1	DUE TO	1	,	/	1 00000	1.00			1		far
	Conditions, if on	4.5	(	atomos	2-1/2	3 v m / - 1	1					1
	gave rise to in	nmediate (		1 0	1		<u> </u>					
	lying cause lost.	he under-	1	Terrer	tun							
z		ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	EN IN PAR	T 1(a) 19	. WAS	AUTOPSY
ICATIC											PERFC YES	DRMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	. (Enter nature of injury in P	ort I ar Par	t II of item 18.)				, /-
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes		NJURY OCCURRED		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.		or tawn)	(0	County)	XS	(State)
MED	Haur a. m. p. m.	19	While at war	k at work	reren	and a street of the street of						
	21. I certify the	at I aftended the	deceas	ed from 8/	0.	1942, to 9	125	196/	.that L	last sa	w the	deceased
	alive on	9/25	. 19	6,	death	occurred at 12 10	M. fron	n the causes a				
		H/1 07 6						treet, city or town,		.5 001		ATE SIGNED

ACTUAL

PHYSICIAN'S NAME (Type)

22d. LOCATION (City, tawn, or county)

220. BURIAL, CREMATION, REMOVAL (Specify) Rurial Sept. 27,191
23. FUNERAL DIRECTOR'S SIGNATURE
LeCompte Funeral Service

22c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery ADDRESS Cambridge, Md.

Baltimore. 240. REC'D BY REGISTRAR

(State) Maryland.

DATE CEP 2 7 16"

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/55

The state of the s THE REPORT OF THE PERSON NAMED IN

hysician and complemilled in by the funeral remove rarbon papers. Pages 1 and 2 should any eventh within 72 hours after death: within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. See 4 may be retained by the hospital or attending physician.

Yes 2 TO FU!

Yes 4 may be retained by the hospital or attending physician and comple death. See 4 may be retained by the attending physician and comple description, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

See filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expent within 72 ho

Ī			MARYLAND S	STATE DEPAR	RTMENT OF H	EALTH		
i	DIVISION	A STATISTICAL		RECORDS, 301		TREET, BAL	TIMORE 1, MA	RYLAND
_	7	OTOI	CER	IIFICATE O	F DEATH		1	0146
	e. COUNTY	orchesi	ter 1		STATE MA	9	ved, If institution, Res	idence before edmission)
	b. CHY OR TOWN (if	f offside corporate limit give neerest town)	c. LENGTH	OF STAY IN 16	. CITY OR TOWN HOU	side corporate limi	its, write HURAL and	rive neerest town)
	d. NAME OF HOSPIT	he or institution (i	f not in hospitel, give stre	and d	STREET ADDRESS	1.4.		e. IS RESIDENCE ON A FARM? YES NO Z
3.	NAME OF DECEASED (Type or print)	Maud	le Sm	ith Da	Lost 4.	DATE OF DEATH	R/I	19 6 /
1	Temele	White	7. MARRIED NEVER A	AARRIED   B. DATE	9/190	9. AGE (II	yrs. IF UNDER 1 YI	
de	wo during most of wo	ON (Give kind of work rking life, even it retire CWDCK		one industry is.	BIRTHPLACE Hounty &	State, or foreign c	ountry) 12. CITIZ	N OF WHAT COUNTRY?
13.	FATHER SHAME	neex	Smith	14.	Menne	ie fo	Blad,	es
		ER IN U.S. ARMED FOR fyesgive war or deles of se		RITY NO W. INFOR	Presuvod	Dan	Address Here	look My
	Conditions, if eny geve rise to immedia (a), steting the uncause last.	H WAS CAUSED BY, IMMEDIATE CAUSE (e), DUE TO , which ate cause nderlying  DUE TO (c)	with 1	veino in netasta	ises, go			2 Years
ATION	PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION	ON GIVEN IN PART 1	PERFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESCRIBE HOW IN	JURY OCCURED. (Enter	neture of injury in Pert I	or Pert II of item 1	lB.)	
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Yee	er 2Dd. INJURY OCCU While Not While et work at work	e fectory, stre	INJURY (Home, ferm, and pert, office bldg., etc.)	20f. (City or town	) (Count	(Stete)
	21. I certify the saw the deceas		al) attended the de	/	A 40			that (I) (we) last date stated above.
1	22a. SIGNATURE	Smil)	udette	M.D. A	ATTENDING MED.	STAF	- 01	22b. DATE SIGNED
	22c, PHYSICIAN'S NAME (Type)	Lewis	M.Bur	dette 1	ADDRESS LOCKS	5757-1	Combu	dge Md
27	BURIAL, CREMATH REMOVAL (Specify)	9/27/6	EOF 23 HAM	plank	10	lopta	city, town or county)	M (Stete)
24 X	ALL STRECTOR	's AGNATURE	by Cast	Yeur Mass	A STORET	REGISTRAR 2	only S. 4	GNATURE

(M) Charles of the Marian Brands

CERTIFICATE OF DEATH 10152 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Resident to a director, PLACE OF DEATH filed , o. COUNTY b. COUNTY MARYLAND Dorchester Co Marvland Dorchester Co b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral pe RURAL and give nearest town) Cambridge. Md. 25 Years hould Cambridge. Md. d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION Cambridge Maryland Hospital YES NOT 304 Hayward Street NAME OF First Middle lost 4. DATE Month Dov Yeor George Edward Fairbanks DEATH (Type or print) 19 67 6. COLOR OR RACE 7. MARRIST NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX Months Days Male White DIVORCED | WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ice Company Marvland U.S.A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown attending physicion please remave of within 72 hours 17. INFORMANT 16 SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No No No Unknown James Fairbanks Bridgeville. Del. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** é Conditions, if ony, which gave rise to immediate 10 **DUE TO** couse (o), stoting the underlying couse lost. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (Stote) Day, Year foctory, street, office bldg., etc.) Hour o m While Not while of work of work 19\_\_\_\_,that I last saw the deceased 21. I certify that attended the deceased from, M. from the couses and on the date stated above. ADDRESS\_(Street, city or town. DATE SIGNED ACTUAL P PHYSICIAN'S NAME (Type) 22d. LOCKTION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) BREMOVAT (Specify) 9/19/1961 Dorchester Memorial Park Cambridge. 0 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, 24b. REGISTRAR'S SIGNATURE Cambridge, Md. DATECT 5 VS A15 (4) 15M 9/55 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be retained by the haspital ar attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and camp page 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	10153		CERTI	IFICA	TE OF D	DEATH	1		Reg. Di	at. No.	1 4 0	
1. PLACE OF DEATH  o. COUNTY  DO:	rchester Co	o.	MARY	rLAND	o. STATE	Maryl		lived. If instituti b, COUNTY			ter	_
b. CITY OR TOWN ( RURAL and give no Cambridge 1	If outside corporate lin earest town) Md •	nits, write	c. LENGTH OF STAY	IN 16		ison,		ote limits, write R	URAL and	give nea	rest tow	)
OR INSTITUTION	TAL (If not in hospitol, Md. Hospi	ESCHETT!	oddress)		d. STREET A		d.					FARM?
3. NAME OF DECEASED (Type or print)	Thomas	irst Leona	Middle Tel		azier	1	4. DATE OF DEATH	Mor Sept		25,	,	Yeor 19 196
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCE		Nov. 2	0		9. AGE (In years last birthday) 83 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work waterman	ON (Give kind of work king life, even if retire	d)	KIND OF BUSINESS O	OR INDUST		ACE (Stote		untry)		S.A.	F WHAT	COUNTRY?
	ge Frazier					maiden n						
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FO till yes, give wor or dates of		None		and Fra	zier	Ma	adison,				
Conditions, if a gove rise to i cause (o), stoting lying couse lost.	mmediate DUE To	b) 1	robet	1 a	tery Me	thr	tus	TOSKS		ONS	AND AND	DEATH LIPA
CATIC	AS UNDERLYING		ONTRIBUTING TO DE						/EN IN PAR	T 1(o) 15	PERFO YES	RMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a.m. p. m.	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, You	1.	UURY OCCURRED Not white	20e. PLA	CE OF INJURY (	Home, form	n, 20f. (City		(0	County)		(Stote)
21. I certify it alive an	nat I attended the	decease , 19 (d	. /	death	19.6.4. accurred at	04 4H		2. , 196 the causes of the cause of the	and an t		te state	deceased ed abave ATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Sept. 27	OF	22c. NAME OF CEM				Cambr		The state of the s	AANUA	(Stot	
23. FUNERAL DIRECTOR LeCompte Fu		ice	ADDRESS Cambridge	, Md.			EP 2 7 '6	7	STRAR'S SIG			

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	and algorithm and the local property of the state of the

10154 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before adm) to PLACE OF DEATH COUNTY Dorchester o. STATE Mar yland b. COUNTY Dorchester MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge Cambridg d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ambridge Maryland Hospital 333 West End Ave YES NO NAME OF 4. DATE Middle Month Doy Yeor OF DEATH Hansen September 1961 (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 15 B. DATE OF BIRTH Days DIVORCED [ White WIDOWED [ Sept. 14. Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marvland U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Geraldine Janet Birch Harry Arthur Hansen Jr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 333 West End .Ave. Cambridge, Md None Geraldine Hansen INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 754.0 DUE TO Conditions, if any, which (b). gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a.m. Not while at wark ot work 21. I certify that I attended the deceased from 9 14, 19 61, to \_\_\_\_, 19\_6\_\_\_\_,that I last saw the deceased , and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE pino Wilbur N. Baumann 3 Church St. Cambridge, Maryland 229. BURIAL, CREMATION, 22b. DATE THEREOF 226. NAME OF GEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) TO FUNE (State) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

executed within 24 haurs after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10155 **CERTIFICATE OF DEATH**

Reg. Dist. No.

11.	o. COUNTY				11 6	<b>JSUAL RESIDENCE</b> (W ). STATE	Vhere deceased live	<ul> <li>d. If institution</li> <li>b. COUNTY</li> </ul>	Residend	eri er	ission)
	Dorchester			MARYLA			land		Dorche		
	b. CITY OR TOWN (If RURAL ond give ne Cambridge	outside corporate limi orest town)	its, write	c. LENGTH OF STAY IN		city or town (IF Cambridge.		limits, write RUR	3	e nearest to	wn)
		AL (If not in hospital, ç	ive stree	t address)		d. STREET ADDRESS			1	e. IS R	ESIDENCE
	Cambridge					3 Cedar S	St.		1		A FARM?
3.	NAME OF	Fie	st	Middle		Lost	4. DATE	Month		Doy	Yeor
	DECEASED (Type or print)	Samuel			Ja	ckson	OF DEATH	Sept.		21,	19 61
5.	SEX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIED	8. DA	TE OF BIRTH	9. A			YEAR IF UN	IDER 24 HRS.
Male White WIDOWED DIVORCED Aug. 1, 1861								00 yrs.	wionins D	bys Hour	Min.
10	during most of work	N (Give kind of work ing life, even if retired	)	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country	7)			AT COUNTRY?
)	Farmer			Farming		Camden N.			U,	S.A.	
13	. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
L	Unknow	n				Unkn	nown				
	was DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of i		S. SOCIAL SECURITY NO.	17. INFOR	MANT		Addres	3		
	No			None	Mrs	. Laura Hu	abbard	Camb	ridge.	. Md.	
	18. CAUSE OF DEA	TH [Enter only one co	use per	line for (a), (b), and (c).]				THE LOCAL		INTERVAL ONSET AN	BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	1	Internal	hemo	rrhage				ONSET AN	ID DEATH
	540.	DUE TO					50.0			2	days
	Conditions, if an	ny, which ) (b	.1	Gest	ric 1	lcer					
	gove rise to in couse (o), stoting t	nmediate ( DUE TO	-								
	lying cause lost.	le <u>under-</u>	:)(:	Viral pn	eumor	nia and s	senility	7		7	days
ATION	PART IT. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	WINAL DISEASE CO	NDITION GIVEN	IN PART 1	PERI	S AUTOPSY FORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (En	ter noture of injury in	Part I or Port 11 o	f item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	Whil			OF INJURY (Home, for street, affice bldg., e		awn)	(Cou	unty)	(Stote)
	21. I certify the	at I attended the	deced	ised from Sept.	16	, 19 67 to S	ent 21	1961	that I la	st saw th	e deceased
	alive onSa			_61, and that a							
	1	1 75	?				ADDRESS (Street,				DATE SIGNED
	ACTUAL SIGNATURE	1	3	Courk	2 M.D.				S	ept.	28.61
	PHYSICIAN'S NAME (Type)	Dr. W	. н	Henks		h-Loonst	StC	ambrid	le	M	d
27	PENOVAL (Specific	N, 22b. DATE THEREC	OF .	22c. NAME OF CEMET	ERY OR CRI	MATORY	22d. LOCATION			(Si	tote)
	REMOVAL (Specify) Burial	Sept. 24	.196	1 Cambridge	Ceme	tery	Cambri	dge.	Mar	ryland	1
23	. FUNERAL DIRECTOR			ADDRESS		24o. REG	C'D BY REGISTRAR	24b. REGIST	RAR'S SIGN	IATURE	
I	eCompte Fu	neral Serv	rice	Cambridge,	Md.	DATE	OCT 2 '61	l ci	rihun S.	France	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may the toloned by the haspital ar attending physician.

O FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillipage 34shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after 4eath. TO FUN VS A15 (4) 1SM 9/SS

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### FOR STATE HEALTH DEPT

TO DE XY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a cleay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fundred director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 figure 4 death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10	156 MEI	DICAL	. EXAM	INER'S	CERTIFIC	CATE	OF D	EATH	195	4.0	0	
1.	PLACE OF DEATH					2. USUAL RES	IDENCE (W	Whare dace	asad livad, If i	institutions	Re i e	1.52	admission)
1		orchester		MA	RYLAND	a. STATE ME	rylar	nd	b. coun	orel	negt	ten	
1		f outsida corporata lim	ils,	c. LENGTH OF		G CITY OR TO							vn)
7		giva nearast town)		entire	life	XAY	idrews	9					
1-		AL OR INSTITUTION	(if not In hos			d. STREET ADI		3				a. IS R	ESIDENCE
	D <sub>1</sub>	ural				A Day	7					ON	A FARM?
3.	NAME OF	First		Middl	a	Lasi	ıral	DATE	Month	-	Day	YES	ио 🗶
	DECEASED (Typa or print)						9	OF					
5	SEX	Ira	T=	Ellswo		Jones . DATE OF BIRTH	3 1 1	DEATH (	Sept . 2	9,19	761	19 IF UNDER	24 UBC
] ].		6. COLOR OR RACE							last birthday)	Months	Days	Hours	Min.
-	Male	White	WIDOWE			June 1,			77 yrs.				
d	a. USUAL OCCUPATI	ON (Give kind of wor rking life, even if retire	k   10b. K ad)	IND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE	(Stata or for	reign count	ry)	12. CI	TIZEN C	F WHAT	COUNTRY
	etired Wa	aterman				Bisho	ps He	ead			Ţ	J.S.	
13	. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME	E					
	Wil	Lliam I.	Jones	3		Rhods	Jear	n					
15 /V	es, no, or unkown)   (If	ER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURIT	Y NO. 17. I	NFORMANT			Addrass				
1,,	No	youghta war or dalason.	101 VICO)		Mr	s.Grace	H.Jor	nes.	Indrew	s. N	/d.		
	18. CAUSE OF D	EATH [Entar only one	cause per l	ine for (a), (b), an	id (c).]					~, .	IN.	TERVAL BE	
	PART I. DEATH	H WAS CAUSED BY:	Coro	nary o	cclusi	on						nsta nsta	
	4120.1	DUE TO									-	110 00	
	Conditions, if any	11.15											
	geve rise to immedia	ale cause										-	
	(a), slating the ur	nderlying DUE TO											
7		SIGNIFICANT COND		ATRIBUTING TO D	FATH BUT NO	T RELATED TO THE	TERMINAL D	ISFASE CC	NDITION GIV	FN IN PAR	T 1(n) 1	IO WAS A	LITORSV
CERTIFICATION	PART III. OTTIER	SIGNIFICATOR COTO		11.10011110 10 01	27(11)	TREETIED TO THE	TERMINANE D		THOMES OF	F14 114 1 70		PERFC	DRMED?
2		1105 11/40	ne preen	INT LIGHT IN LINE	O COLUDED AT		0-11-6	D- 1 II 6 D	10.1	200		YES	NO T
E	20a. EXTERNAL CA	NTRIBUTING []	Ob. DESCR	IRE HOW INJUKT	OCCURED. (E	ntar natura of injury	in rait for h	Part II of III	am 18.)				
	CAUSE OF DEATH.										1111		
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	ear 20d. While	INJURY OCCURRE  Not While		CE OF INJURY (Homory, street, office bld		Of. (City o	r town)	(Co	unty)		(Stata)
MEI	p.m.	19	at wor						3.100				1
	21. I certify th	at I took charge	of the rem	nains described	ebove, he	ld en Autopsy	, Inspe	ection 2	, Inquir	у 🔲 ,	and	in my c	pinion
	death resulted for	rom: Natural c	auses X	Accident	, Suici	de , Homi	icide,	Unde	termined m	anner			
	TO VENEZO DE	0			0	CHIEF MEE	DICAL EXAMI	INER					
	ACTUAL	11/10	. 21	6	1	M.D. ASSISTAN	T MEDICAL	EXAMINER			I	ATE SIG	NED
	SIGNATURE	forme	In		4		EDICAL EXA	MINER K	9/39	/61			
	EXAMINER'S	John Mace	Jr.	M.D.		Address (S	Streat, city, to	own, or co	unfy) Cam	brid	lge.	Md.	
22	BURIAL, PREMATIO		OF	22c. NAME OF	CEMETERY OR				N (City, town,			(Slai	
	REMOVAL (Specify)		067	Man I am	Oleans	- la (1							
2:	BuriaL		961	ADDRESS	churc	ch Cemet	ery A	<b>MEGISTRA</b>	R ZAB. REGI	STRAR'S	SIGNAT	URE	
17		HD X	A. I. A	C	ambri	age, Ma.	OCT E	'61		ilug &			
1	June	un	OXIU			DA	TE . O	0.1	Cir	my of	Mean	sec.	

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1	0157		CERTIFICA	TE OF DEA	TH		404	150
1.	PLACE OF DEATH				2. USUAL RESI	DENCE (Where	deceased lived, If i	nstitution: Reside	ce Perore edmission)
	a. COUNTY Do	rchester			a. STATE		b. COUN	TY _	and the same
-	b. CITY OR TOWN (if		ite	MARYLAND c. LENGTH OF STAY IN 11		ryland	orporate limits, write	Dorche	
	write RURAL and	give nearest town)  nbridge	114,	50 years		bridge	orporate filling, write	NORAL GIIG GIVE	nearest town,
	d. NAME OF HOSPITA	AL OR INSTITUTION (	if not in hospit	el, give street address)	d. STREET ADD	RESS			e. IS RESIDENCE
		Bayly Av	Θ.,		203	Bayly A	ve.,		YES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DAT	E Month	Day	Year
	(Type or print)	Matt:	ie	Robbins	Kirwan	DEAT	TH Sept.11	.1961	19
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	White	WIDOWED		Ann 5 700	2	last birthday)	Months Deys	Hours Min.
	. USUAL OCCUPATION			D OF BUSINESS OR INDUS	Aug. 5, 188		or foreign country)	1 12. CITIZEN (	OF WHAT COUNTRY?
do	ne during most of wor				The billing proces	county a siercy	or foreign country		
	lomemaker				Robbins	Dor.,Co	.,Md.	U.	.S.
13	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME			
	Josep	oh J. Robb:	ins		Margaret	t Gore			
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. SC	CIAL SECURITY NO. 17	INFORMANT		Address		
(11	No No	yes give war or dates of s	ervice)	P.	hin M View	ron 202	Parel as Assa	Comband	3 3/3
-		EATH [Enter only one	cause per line	for (a), (b), end (c).]	obin M. Kiry	vall, 205	Dalth HAG	· ) CSIBOLI	TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	_	MPLET	2 HEAL	RT P	34001	9	NSET AND DEATH
	2 "	MMEDIATE CAUSE (a)						2	OMIN
	420	DUE TO	0-5	2 00 04 4 504		DV	DISE	ASE	KVELP
	Conditions, if eny,	1-1	401	RONARY	AICH	1/ A	10131-	702	2 /
	gave rise to immedia (a), stating the un	DUETO							
	ceusa last.	(c)							
Z	PART II. OTHER	, ,	TIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIVE	EN IN PART 1(a)	
110									YES NO NO
FIC	20s. ACCIDENT WA	E LINDEDLVING CI	LOOK DESCE	IBE HOW INJURY OCCUP	ED /Estar nature of injur	my in Dant I on Da	et II of item 18 1		113   110
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DESCR	IDE HOW INJUNT OCCUP	CED. (Emer nature or inju	ry in Fail I OI Fai	ii ii oi iiem io.;		
CAL	20c. TIME OF INJUR	Y Month, Day, Ye	ar   20d. IN		LACE OF INJURY (Home		Cily or lown)	(County)	(State)
MEDI	Hour a.m.		While at work	Not While f	actory, street, office bldg	., etc.)			
2	p.m.	19			2 AUG	<b>473</b>	11 SE1	47 61	
				d the deceased from		11.20	to		that (I) (we) last
	saw the decease	ed alive on	SPI	19.6 ), and th	nat death occured	at. LINO fr	on the causes	and on the d	late stated above.
	22a. STONA URE	SU	// -		ATTENDING &	MED.	CTACE		22b. DATE SIGNED
	N.	s. Jus	by)	R.	M.D. PHYS.	DIRECTOR	STAFF PHYS.	1351	P1 61
	22c. PHYSICIAN'S		1.	11.	22d. ADDRESS				
	N AE (TYP)	-, 604	VISY	VR. M.	DICAM	1 1372	DGF	N	ID.
23	BENOVAL (Specify)	ON, 236. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LC	OCATION (City, tow	or county)	(State)
)	REMOVAL (Specify)	Sept.13	3.1961	Green Lawn C	emeterv	Cami	bridge. Mo	3	
	FUNERAL DIRECTOR			ADDRESS			SISTRAR 256. REC		ATURE
	Ko At	1 () 1	viuo	10	DAT	men 1	E 101		
-	finne	2011		Cambridge,	Md.	c SEP 1	5 '61	Tother S. F	GRUSE

v . 26 ... MAR . awaited to some a day e . Transfer to the second The California To annual No. of Children To the same of . C. Pr. . Ob. . Ob. . coldier teldatil I debet . Di . Spal topic, . et l piret fre, merili . R. alfon -COMPANY WELL WASHED TO SEE THE SECOND OF COROLARY WINDERS DISTANCED THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE OF THE LANDER ST. MERMAN 400 1727 54 DEMONSTRATE OF MARKET MARK STANDARD CONTRACTORS OF PERSONS The state of the s A Compared to their State of the ST 15 st

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	and the second s		16.50
		Sparing and the second	
3			
	A CONTRACTOR OF THE STATE OF TH	(	

# FOR STATE HEALTH DEPT elay is necessary, TO DE: X MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at the recessand please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the control of the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the certificate. Pages 4 should be the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10153 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: each policy edmission)
Dorchester Co. MARYLAND	Maryland Dorchester Co.
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cambridge, Maryland. life	Cambridge, Maryland.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
305 West End Ave	305 West End Ave
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) Alice Robison Lo	rd DEATH 9 11 19 61
	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	5/16/1915   lest birthdey)   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Waitress Restaurants	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert B. Robinson	Lula C. Horseman
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) No	Maryland
NO 220-01-9840 Mr	. Donald V. Lord Jr. West End Ave Cambridge
BART I DEATH WAS CALISED BY	ONSET AND DEATH
IMMEDIATE CAUSE (e) Coronary occlus	Instant
720 A DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), stating the underlying	
cause lest. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OIL TO THE PART OF	PERFORMED? YES NO 1
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury In Pert I or Part II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m.  While Not While tech	ory, sired, office diag., etc.)
21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection K, Inquiry , and in my opinion
	ide , Homicide , Undetermined manner
dealit lesalied itolii: Maidra causes R., Accident	
ACTUAL (	CHIEF MEDICAL EXAMINER
SIGNATURE STATE MATERIAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
examiner's John Mace Jr.	DEPUTY MEDICAL EXAMINER 2 9/14/61
220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OF	Address (Street, city, town, or county) Cambridge, Md.  R CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 9/13/1961, Greenlawn Cem	Cambridge, Maryland.
23. FUNERAL DIRECTOR ADDRESS	246. REC'D 8Y REGISTRAR   24b. REGISTRAR'S SIGNATURE
Le Compte Funeral Service, Cambridge, Md.	DATE SEP 25'61 William S. Kraus
	I DAIL THE TOTAL T

.0 - 22 / 9 / 19 and death one is the last Tro de la contrata del la contrata de la contrata d · The case of the case September and average off the tenton H. A. E. A. managers . alm - reades onlicuous and the season of th A second control of the second control of th the real and the state of the s La Compress Laborat Castace, Constituted as Int.

MARYLAND STATE DEPARTMENT OF HEALTH

	10160	ION OF			TE OF DEATH	MORE 1,	MARYLAND		1-0-		
1. PLACE OF DEATH o. COUNTY	Dorchester		MARYL	AND	2. USUAL RESIDENCE (Who a. STATE Mary	ere decease yland	ed lived. If institution b. COUNTY	on: Reside		e gome	on)
b. CITY OR TOWN RURAL ond give Hurloc		its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If o		orote limits, write RIR	URAL and	give ne	prest town	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, or Fisher Nurs	ive street sing l	oddress)		d. STREET ADDRESS		-05	54	-2	ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fii Hanna		Middle May		Love	4. DATE OF DEATH	Septer	nher.	Do	4	Year 19 6
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months		1	
Female	White	WIDOW	ED DIVORCED		November 1.	1878	82 yrs.	Months	Days	Hours	Min.
	rick Howard  ER IN U. S. ARMED FOR  Iff yes, give wor or dates of s	CES? 16.	social security no.		NFORMANT	scill	a Andrew				
The second second	ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which )	0		1	Hemory	Naa	Mar	yran	INT	ERVAL BE SET AND	
gave rise to couse (a), stoting lying couse last	the <u>under-</u> DUE TO										1
CATIC	THER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEA	TH_BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC YES	ORMED?
OR CONTRIBUTION	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in f	Part I or Pa	rt II of item 18.)				
20c. TIME OF INJU	IRY Manth, Day, Ye	ar 20d. I			ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.		y or town)		(County)		(State

ot wark ot wark

1951, ta 91974, 1961, that (I) (we) last 50 M, from the causes and on the date stated abave. 21. I certify that (I) (this hospital) attended the deceased from and that death accurred at saw the deceased alive and 22a. SIGNATURE SIGNED ATTENDING PHYS. MED.

M.D. 22c. PHYSICIAN'S

22d. ADDRESS

23d. LOCATION (City, town, or county) (Stote)

23c. NAME OF CEMEJERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Hill Crest Cemetery 1961

Federalsburg, Maryland

Burial Sept
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.J. Framptom and Son, Federalsburg, Maryland

2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE m -1 - 0 2

TO FUNER

TALLE I Southfule Local Sections of the Parish South  FOR STATE

TO DE: (3) MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Staff or its designated agent, prior to burial, cremation, or removal, and In any premix within 72 hours after death. 18 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10157 10157

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Dorchester Co. MARYLAN	o. STATE B. COUNTY Dorchester Co.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neares) town)	
Cambridge, Maryland, Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Cambridge, Maryland, R.F.D.# 3,.
	ON A FARM?
Cambridge, Maryland. R.F.D.# 3,	None YES NO XX
DECEASED (Type or print)	OF
011e A.	Marshall 9 13 19 OL
7. MARRIED NEVER MARRIED	lest birthdey) Months Devs Hours Min
Male   White   WIDOWED   DIVORCED   10e. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stele or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Waterman Waterman  13. FATHER'S NAME	Maryland U.S.A.
Alexander B. Marshall	Louise Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   (Yes, no, or unknown)   (Ifyesgivewerordelesofservice)	17. INFORMANT Address
	Mrs. Olie A. Marshall Cambridge, Md. R.F.D.# 3,
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COPONERY OCC	lusion ONSET AND DEATH 5 Mins.
420 1 DUE TO	
Conditions, if any, which	
geve rise to immediate cause	
(e), steting the underlying Cause lest. (c)	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
DILY IN THE PROPERTY OF THE PR	PERFORMED? YES NOX
	RED. (Enter neture of injury in Pert I or Pert II of item 18.)
Hour a.m. While Not While	te. PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (Stete)
point, 17   hand	- bald Auto
21. I certify that I took charge of the remains described above	
death resulted from: Natural causes X, Accident,	Suicide, Homicide, Undetermined manner
ACTUAL	CHIEF MEDICAL EXAMINER
SIGNATURE JANA	M.D. ASSISTANT MEDICAL EXAMINER 7 9/14/61
EXAMINER'S John Mace Jr.	DEPUTY MEDICAL EXAMINER 9/14/01 Address (Street, city, lown, or county) Cambridge, Md.
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	wards Cemetery Cambridge, Maryland, R.F.D# 3,
Le Compte Funeral Service, Cambridge,	
TR OOMPAR LUMBIAT DOLATON AMERICA	Registra 3 0)

HYJAHA SERVICE STATES W. JUL W. PRESTON STREET, BALTIMORE 1, M. TUL MEDICAL EXAMINARYS CERTIFICATE OF DEATH bearers. 10/06/01000 alli a benigna ambimist II deva 18/11/11/8B Contains - car ecura-The section of the se is torote through torotes, an order, haryland, agency of

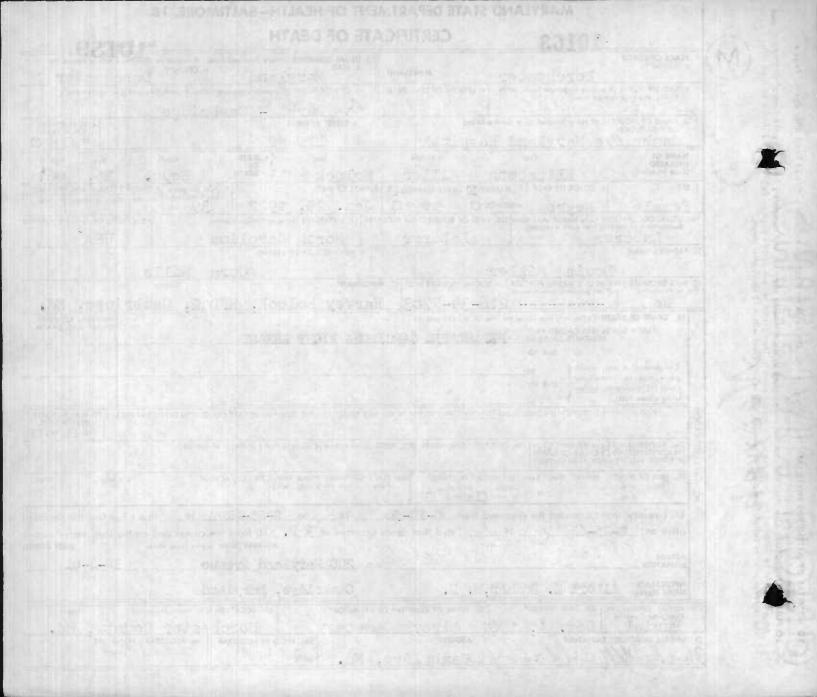
**CERTIFICATE OF DEATH** 10162 Reg. Dist. No. director. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. COUNTY should be filed b. COUNTY MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? NAME OF Middle 4. DATE Month Doy Year OF DEATH (Type or print) 19 6 within 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED Months Days Hours Min. WIDOWED P DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME ofter mes 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m Lattended the deceased from \_\_,that I last saw the deceased alive an and that death accurred at/0 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL pino PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. CEMETERY OR CREMATORY (Stote) TO FUN REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 7 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	Health 1 (2) 2 4 4 11 10 100			
<b>一种大学</b>				Na treed
	District Staff			
	Trade was a			
12 20	And 1	LENGUM		
	1.04 1.1-5	15 75 14 A		
		APPER STATE		

may be retained by the haspital or attending physician.  TO FUN DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director.  To FUN DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director.  So page 3 mauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages director at a filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.
0 0 · c

	10163		CERTIFIC	ATE OF DEATE	4		Reg. DistaNo	50
PLACE OF DEATH a. COUNTY	Dorchest	er	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Marv]	_	ived. If institution b. COUNTY	n: Residence befo	are admission)
RURAL and give n	If outside corporate limits		NGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporo		Dorche	
OR INSTITUTION	TAL (If not in hospitol, give Marylar			d. STREET ADDRESS  RFD #		bridge		IS RESIDENCE     ON A FARM?     YES    NO
NAME OF DECEASED (Type or print)	Flizal		Miller	Molock	4. DATE OF DEATH	Month Sep		
Female	6. COLOR OR RACE		NEVER MARRIED DIVORCED	B. DATE OF BIRTH	922	AGE (In years		Hours Min.
during most of wor Labor	ON (Give kind of work do king life, even if retired)		of Business or Indi Laborer	JSTRY 11. BIRTHPLACE (SION North C	or foreign cour	ntry)	12. CITIZEN C	DE WHAT COUN'
. WAS DECEASED EVE	Louis Mil R IN U. S. ARMED FORC	ES? 16. SOCIA	L SECURITY NO. 17.	14. MOTHER'S MAIDEN F	Cor	a Mil		
PART I. DEA	mmediote (			INOMA RIGHT BE	EAST		INTE	ERVAL BETWEEN SET AND DEATH
lying couse lost.	The second secon							
PART II. OTI  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	) (c)_ HER SIGNIFICANT CONDI			T NOT RELATED TO THE TERMI			N IN PART 1(a) 1	9. WAS AUTOPS PERFORMED? YES NO
PART II. OTI  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING DATE CAUSE OF DEATH MEDICAL EXAMINER SY Month, Doy, Year	20d. INJURY ( While N at work   ol	OCCURRED 20e. Plot while work	ED. (Enter nature of injury in I CACE OF INJURY (Home, farm cary, street, affice bldg., etc.)	Port I or Port II	of item 18.)	(County)	YES NO
19ing couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the alive on SIGNATURE	AS UNDERLYING DATE CAUSE OF DEATH MEDICAL EXAMINER SY Month, Doy, Year	20d. INJURY Of the control of the co	OCCURRED 20e. Plot while work 100m. 8-10-56	ED. (Enter nature of injury in I	20f. (City or 20f. City of 20f. (City of 20f. City of 20f. City of 20f. (City of 20f. City of 20f. City of 20f. (City of 20f. City of 20f. City of 20f. (City of 20f. City of 20f. City of 20f. City of 20f. (City of 20f. City of 20f. City of 20f. City of 20f. (City of 20f. City of 20f. City of 20f. City of 20f. City of 20f. (City of 20f. City of 20f. Ci	of item 18.)  town)  19, he causes an t, city or town, st	(County)	YES NO (Sta



MARYLAND	STATE	DEPARTMENT	OF HEALT
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H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	164	CERTIFICATE	OF DEATE		10160
. PLACE OF DEATH a. COUNTY				ICE (Whara deceased lived, If ins	
Dorcheste	er	MARYLAND	e. STATE Marvla	•	Dorchester
b. CITY OR TOWN (if outside of	corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, writa R	
write RURAL end give neer	rest town)	30	1 ,,,,,,		
d. NAME OF HOSPITAL OR IN	STITUTION (if not in I	10 months	STREET ADDRESS	msburg	e, IS RESIDENC
		jospital, give sireel address)			ON A FARM
Fisher's F			/ Main s		YES X NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or prinf)	Dwight	Lyman	Moore	DEATH September	er 6,1961 <sub>19</sub>
. SEX   6. COLO	OR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years   If	UNDER 1 YEAR   IF UNDER 24 HRS.
Male Wh	ite WIDON	Y	March 11,18	leste irthday)	Nonths Days Hours Min.
Da. USUAL OCCUPATION (Give		KIND OF BUSINESS OR INDUSTRY	AL M. DIDTUDI ACE (C	71.00	1 12. CITIZEN OF WHAT COUNTRY
done during most of working life,	even if retired)	KIND OF BUSINESS OR INDUSTRE	II. BIRTHPLACE (COU	nty & Stele, or foreign country)	12. CHIZEN OF WHAT COOKING
Retired Farmer	self empl	oyed	Elliott	,Por.,Co.	บ. ธ.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Perry W.	. Moore		Martha	E. Dayton	
5. WAS DECEASED EVER IN U.S.	ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17. II		Address	
Yes, no, or unkown) (Ifyesgivaw	varor dates of service)				Combuddes Wd
			ry w. Ploore	,307 Aurora St.,	
18. CAUSE OF DEATH  E	nter only one cause pe				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	AUSED BY: TE CAUSE (a)	ORONARY	THR	OMBOSIS	5 MIN
11201	DUE TO _				
9201		RONARY	ARTE	RY DISE	ASE 10 YEA
Conditions, if eny, which geve rise to immadiate cause	1-1	7, 5,7,7,7,7			
(a), steting the underlying	DUE TO				
cause last.	) (c)				
PART II. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(e)   19. WAS AUTOPSY
(					PERFORMED?
2					YES NO
20e. ACCIDENT WAS UNDER		ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 18.)	
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	E OF DEATH	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 18.)	
	E OF DEATH L EXAMINER)	d. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, far	m, † 20f. (City or town)	
	E OF DEATH L EXAMINER) onth, Dey, Yeer 20 WI	d. INJURY OCCURRED   200. PLA		m, † 20f. (City or town)	YES NO
	E OF DEATH L EXAMINER) onth, Dey, Yeer 20 WI	d. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Mo Hour a.m. p.m.	E OF DEATH L EXAMINER) onth, Dey, Yeer WI 19	d. INJURY OCCURRED   20e. PLAG hile Not While fector york af work	CE OF INJURY (Home, far	m, 20f. (City or town)	(County) (Stete)
20c. TIME OF INJURY Mo Hour a.m. p.m. 21. 1 certify that (I) (	onth, Dey, Yeer 20  you 19  (this hospital) attempts 20  (this hospital) attempts 20	d. INJURY OCCURRED   200. PLATibile   100 While   fector   100 work	CE OF INJURY (Home, far rry, street, office bldg., et	m, 20f. (City or town)	(County) (Stete)
20c. TIME OF INJURY More a.m., p.m.  21. I certify that (I) (saw the deceased alive	E OF DEATH  E EXAMINER)  onth, Dey, Yeer  19  (this hospital) atte	d. INJURY OCCURRED   200. PLATibile   100 While   fector   100 work	CE OF INJURY (Home, far rry, street, office bldg., et	m, 20f. (City or town)	(County) (State)  P.T., 19, that (I) (we) land on the date stated above
20c. TIME OF INJURY Mo Hour a.m. p.m. 21. 1 certify that (I) (	onth, Dey, Yeer 20  you 19  (this hospital) attempts 20  (this hospital) attempts 20	d. INJURY OCCURRED   200. PLATibile   100 While   fector   100 work	CE OF INJURY (Home, far rry, street, office bldg., etc.	20f. (City or town) 1947, to 6 5.E.1	(County) (Stete)  (County) (Stete)  (County) (Stete)
20c. TIME OF INJURY More a.m., p.m.  21. I certify that (I) (saw the deceased alive	onth, Dey, Yeer 20  you 19  (this hospital) attempts 20  (this hospital) attempts 20	d. INJURY OCCURRED   200. PLATibile   100 While   fector   100 work	ce of injury (Home, far bry, street, office bldg., etc.) death occured 10.	20f. (City or town) 1947, to 6 5.E.1	(County) (Stete)  (County) (Stete)  (County) (Stete)
20c. TIME OF INJURY More a.m., p.m.  21. I certify that (I) (saw the deceased alive	onth, Dey, Yeer 20  you 19  (this hospital) attempts 20  (this hospital) attempts 20	d. INJURY OCCURRED 200. PLAI fector fector at work at the deceased from	death occured 10.  ATTENDING PHYS.  22d. ADDRESS	m, 20f. (City or town)  19, to 6 S.E.;  304, Arom the causes at DIRECTOR PHYS.	(County) (Stete)  (County) (Stete)  (County) (Stete)
20c. TIME OF INJURY More a.m., p.m.  21. I certify that (I) (saw the deceased alive	onth, Dey, Yeer 20  you 19  (this hospital) attempts 20  (this hospital) attempts 20	d. INJURY OCCURRED 200. PLAI fector fector at work at the deceased from	death occured 10.  ATTENDING PHYS.  22d. ADDRESS	20f. (City or town) 1947, to 6 5.E.1	(County) (State)  P.T., 19, that (I) (we) land on the date stated above
20c. TIME OF INJURY More a.m., p.m.  21. I certify that (I) (saw the deceased alive 22a. SIGNATURE  22c. SHYSICIAN'S LAME (Type)	E OF DEATH  EXAMINER)  onth, Dey, Yeer  19  (this hospital) atture  on,	d. INJURY OCCURRED 200. PLAI fector work at work being at work being at work.  B. M. 19	death occured 10.  ATTENDING PHYS.  22d. ADDRESS	20f. (City or town)  19.7. to 6.5E.  30h, From the causes and MED. STAFF DIRECTOR PHYS.   MBRIDGE	(County) (Stete)  (County) (Stete)  (County) (Stete)  (Stete)  (County) (Stete)  (Stete)  (County) (Stete)
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that (I) ( saw the deceased alive 22a. SIGNATURE  22c. BHYSICIAN'S 22c. BHYSICIAN'S 22c. BHYSICIAN'S 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	e on	d. INJURY OCCURRED 200. PLAI fector fector at work at the deceased from	death occured 10.  ATTENDING PHYS.  22d. ADDRESS	m, 20f. (City or town)  19, to 6 S.E.;  304, Arom the causes at DIRECTOR PHYS.	(County) (Stete)  (County) (Stete)  (County) (Stete)  (Stete)  (County) (Stete)  (Stete)  (County) (Stete)
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL  20c. TIME OF INJURY Medical  21. I certify that (I)	E OF DEATH  EXAMINER)  onth, Dey, Yeer  19  (this hospital) atture  on,	d. INJURY OCCURRED 200. PLAI fector work at work being at work being at work.  B. M. 19	death occured 10.  ATTENDING PHYS.  PAR CREMATORY  OR CREMATORY	MED. STAFF DIRECTOR STAFF 23d. LOCATION (City, fown)  Cambridge. Md	(County) (Stete)  (County) (Stete)  (County) (Stete)  (County) (Stete)
20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that (I) ( saw the deceased alive 22a. SIGNATURE  22c. BHYSICIAN'S 22c. BHYSICIAN'S 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	e on DATE THEREOF	d. INJURY OCCURRED 200. PLAMile Not While fector work 10 10 10 10 10 10 10 10 10 10 10 10 10	death occured 10.  ATTENDING PHYS.  PAR CREMATORY  OR CREMATORY	MED. DIRECTOR PHYS.  23d. LOCATION (City, fown Cambridge, Md EC'D BY REGISTRAR 25b. REGI	(County) (Stete)  (County) (Stete)  (County) (Stete)  (County) (Stete)

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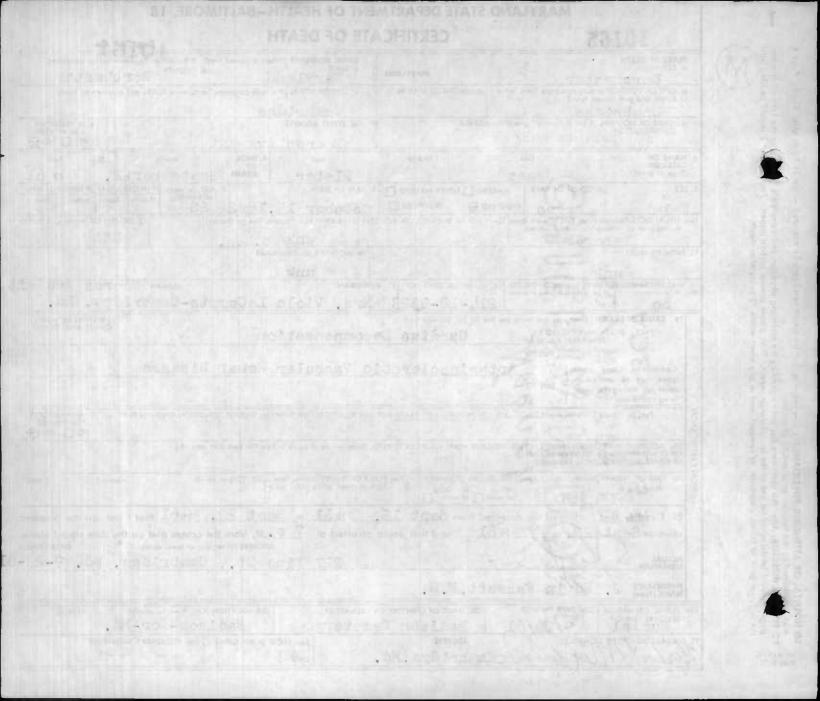
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W. HE. KEIDWIE VIKEND, CAMBERGER WELL

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JO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4	tal ar attending physician.	TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit in by the funeral director,	it use as the burial-transit permit. Then please remave carbon papers. Pager Gird 2 shauld be filed with	remotion or removal, and in any event within 72 hours ofter death
OR ATTENDING PHYSICIAN: The law requires that	ed by the haspital ar attending physician.	IRECTOR: After this certificate has been signed by the	I be detached far use as the burial-transit permit. Ti	rior to burial cremation or remayal, and in any eve
TO HOSPITAL O	Son may it relaine	IO IN NI DI	page 3 shauld	the registron of

1		Item 1		STATE DEPARTM	ENT OF HEALTH	H-BALTIM	ORE, 1	8		Time.
	101	65 Tham 1	ਹਾੜ <b>ੀ</b> ਦਾ	CERTIFIC	TE OF DEATI	H		Republist.	go.	
Ī	PLACE OF DEATH				2. USUAL RESIDENCE (W					ission)
L	Dorche	ster		MARYLAND	o. STATE Marylan	d	b. COUNTY	Dorch	este	r
	b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mils, write RI	JRAL ond give	nearest tov	vn)
	Cambri	dge			Cambrid	ge				
	OR INSTITUTION	AL (If not in hospital,		oddress)	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	р.	rivate hor	1e		Moores	Ave Ext			YES [	NO
3	NAME OF DECEASED (Type or print)	Jam		Middle	Plater	4. DATE OF DEATH S	Mon an tam	ber22	Day	Yeor 19 61
1	. SEX		- 10	RIED NEVER MARRIED	B. DATE OF BIRTH		GE (In years of birthdoy)	IF UNDER 1 YE		
H	Male	Nagro	WIDOW		October 15	.1892 "	68 yrs.	Months Day	ys Hours	Min.
Ī	Oo. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHA	T COUNTRY?
I		ing life, even if retired	)		unk/	TT 2 3 A		US	SA	
Ī	3. FATHER'S NAME				14. MOTHER'S MAIDEN					
ı	137	n k			unk					
	S. WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. I			Addr	es Moor	es A	ve Ex
Г	no or unknown)	It yes, give war or dates of :		21/1-10-0328	Mrs. Viola	Le Comp	te-Ca	mbride	e. N	Id.
F		TH [Enter only one co	use per li	ne for (o), (b), and (c).]					NTERVAL B	
		TH WAS CAUSED BY:			compensati	on		0	NSET ANI	D DEATH
	4	DUE TO								
ı	Conditions, if an	hich ) a	Ant	erioscleroti	c Vascular	Renal	Disea	SA		
	gove rise to in	nmediote (		01105010100	rabbarar	1101101	2000			
	cause (a), stoting to lying couse lost.	he under-	,							
1	PART 11. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIV	EN IN PART 1(o	) 19. WAS	AUTOPSY
										ORMED?
TOTAL OLIVERY	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 1B.)	-	1	
18	(IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)								
13	20c. TIME OF INJUR	Month, Doy, Ye	or 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n. 20f. (City or to	wn)	(Coun	ty)	(Stole)
10000	Haur o. m.	19	While at war	Not while	ctory, street, office bldg., etc	-)				
1		at I attanded the		ed from Sept 15	1067 4 5	ent 22	1067	about 1 hours		
Е	alive an Sen		-	and that death		-				
1	dive di Dero	1	, 125	dia, and mar deam		ADDRESS (Street, o				ted above.
П	ACTUAL	Kente,	111		000 74-					9-23-
ı	SIGNATURE	0 2 6	4		M.D. 22/ Pln	0 50.,	Odlibi	1480	1100	7-25
	PHYSICIAN'S J	. Edwin F	asse	tt, M.D.						
12	20. BURIAL, CREMATIO			22c. NAME OF CEMETERY O		22d. LOCATION			(Sto	ote)
L	REMOVAL (Specify) Burial	9/26/	61	Madison Co	emetery	Madi		or-Md.		
2	3. FUNERAL DIRECTOR	SIGNATURE	1	ADDRESS		D BY REGISTRAR		TRAR'S SIGNA		33.0
1	nickers 1	Willes	10	ambridge, Md.	DAGCT	4 '61	arth	un S. Fran	Les .	
_	-		1							



# FOR STATE HEALTH DEPT. TO DE TO MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a release is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the gral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 10166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10162

a. COUNTY			(Whare deceased lived, If institution: Re	esidence before admission)
Dorchester	MARYLAND	a. STATE Maryla	nd b. COUNTY Dore	hester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
302 Leonards Lane		302 Le	onards Lane	ON A FARM? YES NO K
3. NAME OF First DECEASED	Middle	Last 4	. DATE Month	Day Year
(Type or print) Walter	Brownlow	Pritchett	DEATH Sept.7,1961	19
5. SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 Y	
Male White WIDOW		February 19,19	07 last birthday) Months D.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
Shipping Clerk in Can Magg	.Plant.	Johnson City	.Tenn.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Mark H. Pritchett		Clara Brown	low	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyes give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	18-20-6170 Mrs	.Evelvn S.Pri	tchett, 302 Leonard	s Lane Camb.
18. CAUSE OF DEATH [Enter only one cause per			20110000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary oc	cclusion		10 Min.
420.1 DUE TO				
Conditions, if any, which (b)				
gave rise to immediate cause				
(a), stating the underlying cause last. (c)				Mark the same
	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURED. (E	inter nature of injury in Part I o	r Pert II of item 18.)	
Zoc. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While the street was the street with the street was the str	eNot While fector	CE OF INJURY (Home, farm, ory, streat, offica bldg., atc.)	20f. (City or town) (Count	y) (State)
21. I certify that I took charge of the ren	mains described above, he	ld an Autopsy , Ins	pection X, Inquiry ,	and in my opinion
death resulted from: Natural causes	, Accident , Suici	de T, Homicide	Undetermined manner	
		CHIEF MEDICAL EXA		
ACTUAL John 2	11000	ASSISTANT MEDICA		DATE SIGNED
SIGNATURE	70	M.D.	-==	9/8/61
EXAMINER'S NAME (Type)	Ten	DEPUTY MEDICAL EX	Land	3/0/01
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	Address (Street, city, CREMATORY 22	d. LOCATION (City, town, or country)	(Stata)
REMOVAL (Specify)	Dorchester Mem	orial Park	Cambridge, Md.	
23, JUNERAL DIRECTOR Sept. 9,1961	ADDRESS		BY REGISTRAR   24b. REGISTRAR'S SIG	NATURE
Semith to thomas	Cambridge Md	DATE SE	P 15'61 arthur &	Heave
	, campi loge, Md		Commun A	. 1 9 0000

SOLOL SON CON STANSAND SON DOLLAR SECTION STANSAND rd/sodbred idelet. Sugar Tributing Sychological September 1981 A LE CONTROL OF THE PROPERTY OF THE PARTY OF MANUFACTURE OF SERVICE or W. Miles 1991 Med. 206. Stollating C. S. or Cord. and Or Co-DS-S.C. deronary conductions and a second 125 seal replication A STATE OF THE STA

CERTIFICATION

MAKTLAND	STATE DEPARTM	ENI OF HEALTH—BA	ALTIMORE, I	8		
10167	CERTIFICA	ATE OF DEATH		1046	3	
1. PLACE OF DEATH o. COUNTY  Dorchester Co.	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Maryland	ased lived. If institution b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		URAL and give no		
East New Market, Md. d. NAME OF HOSPITAL (If not in hospital, give street or institution  East New Market, Marvlan		d. STREET ADDRESS	et, Maryla	ind.	e. IS RES ON A YES	FARM?
3. NAME OF First DECEASED (Type or print) Emerso.	Middle	Lost 4. DAT OF Richardson DEA	- 111011		/	Yeor 19 6
5. SEX 6. COLOR OR RACE 7. MARI	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 70 yrs.	Months Days	R IF UNDE Hours	ER 24 HR
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Carpenter 13. FATHER'S NAME	kind of Business or Indu	STRY 11. BIRTHPLACE (State or foreig		12. CITIZEN		COUNT
John S. Richardson  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.   17.	Mary E. Asple	n Add	ress		
(Yes, no. or unknown)  (If yes, give wor or dates of service)  Mexian Border 1916— 1917  IB. CAUSE OF DEATH [Enter only one couse per li		. William Richard	son, Balti	IN	ryla:	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	rcinoma	of lung			K. M.	
Canditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last.						

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.)

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

MEDICAL factory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased

M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE

(Stote)

(Stote)

(County)

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

200. BURIAL, CREMATION, REMOVAL (Specify) Burial 9/9/1961 Cambridge. Dorchester Memorial Maryland. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Compte Funeral Service, Cambridge, Maryland. SEP 1 5 '61 M. Thur & Hraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10168 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY be filed MARYLAND Dorchester Co. Mary land Wicomico Co. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) should Cambridge, Maryland. 5 D

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Salisbury. Marvland d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 06 YES NO Cambridge Maryland Hospital 109 Locust Street NAME OF 4. DATE Middle Lost Yeor Month Doy DECEASED OF DEATH (Type or print) 1961 James M. Rippons 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours Min. WIDOWED | DIVORCED | Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? State Roads Dept. State Roads Dept. Hoopersville, Maryland carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas C. Rippons Mary Dean 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW-2 Unknown Mrs. James Rippons, 109 Locust St. Salisbury, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cu IMMEDIATE CAUSE (o). DUE TO permit. ony Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m Not while of work at work 1962 Lithat I last saw the deceased 21. I certify that I/attended the deceased fram. and that death accurred at 2919 M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL SIGNATURE pino PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION. 3 Burial (Specify) 1.961 Dorchester Memorial Park Cambridge, Maryland, 10 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, Cambridge, Maryland. Cirthur & Frank

VS A15 (4) 15M 9/55

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or death. If a colay is necessary,	end 3 to the gral director. Page	may be retained for your files.	2 with the State Board of Hearth,	ours after death.	1
be executed within 24 hours after	encil in Item 18. Give Pages 1, 2,	e along with form PM3, Pege 5	Il-trensit permit. File pages I and	I, and in any event within 72 ho	
MEDICAL EXAMINER: This certificate should be	ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the the trial director. Page T 🔾	e forwarded to the Chief Medical Examiner's Office	AL DIRECTOR: Page 3 should be used as a burial	nated agent, prior to burial, cremation, or removal,	0 0

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5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 10169 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT	Н		2. USUAL RESIDEN	ICE (Whare decaasad lived, If	Institution: Residence before admission
Dor	chester Co.	MARYLAND		ld.	Dorchester Co.
b. CITY OR TOWN	(if oulsida corporata limits, d give naarast town)	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
Andrews,	Md.	5 Years	Andrews,		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospital, giva streat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Andre	ws, Md		Andrews,	Md.	YES NO NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Year
(Typa or print)	Esther	Dunn	Robbins	DEATH Sept.	28. 19 61
S. SEX	6. COLOR OR RACE 7. MAI	RRIED X NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White   WIDO	WED DIVORCED	sept. 6, 189	1 4	Months Days Hours Min.
10a. USUAL OCCUPAT		. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
Housewi	fe	None	Bivalve,	Md.	U.S.A.
Willia	m H. Dunn			a Colburn	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	If yes giva war or dalas of servica)	NT 7.72 '	772 2624	4 D 11.1.	
NO LAUSE OF I	DEATH [Enter only one cause p	None   Wi	lliam Merrit	t Robbins	L INTERVAL BETWEEN
The second secon			ion		ONSET AND DEATH
1110	IMMEDIATE CAUSE (a)	ronary occlus	1011		Instant
720	DUE TO				
Conditions, if any	1 1-1				
gava rise to immad (a), slating that					
cause last.	) (c)				
PART II. OTHE  20a. EXTERNAL C PRIMARY   or CC CAUSE OF DEATH.	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20a. EXTERNAL C	ALICE WAS 1 201 DE	CRIBE HOW INJURY OCCURED. (E	inter nature of injury le Pa	et Lor Doet II of How 10 )	YES NO
	ONTRIBUTING 🗆	SCRIBE HOW INJOK! OCCURED. (E	mai natura of impury in ra	in to Part II of Ham 10.)	
20c. TIME OF INJU			CE OF INJURY (Home, farr ory, street, office bldg., eld		(County) (Stale)
P.m.		work at work			
21. I certify t	hat I took charge of the i	emains described above, he	ld an Autopsy	Inspection X, Inquir	y , and in my opinion
death resulted	from: Natural causes [	XI. Accident . Suic	ide , Homicide	Undetermined m	anner 🗍
	0	4	CHIEF MEDICAL		
ACTUAL	X 1. 200		ACCICTANT ME		/2/61 DATE SIGNED
SIGNATURE	onn	The same of the sa	M.D.		)/2/61 DATE SIGNED
EXAMINERS	- 1	. / '	DEPUTY MEDICA	L EXAMINER	bM onbirda
	John Mace Jr			city, town, or county,	mbridge, Md.
22a. BURIAL, CREMATIC REMOVAL (Specify		22c, NAME OF CEMETERY OF		22d. LOCATION (City, town	or country) (Stale)
Burial	Oct. 1, 1961	Dorchester Mer	n. Park	Cambrodge,	Maryland
23. FUNERAL DIRECTO	OR .			C'D BY REGISTRAR 246. REG	
recompte Fi	meral Service	Cambridge, Md.	DATE	CT 6 '61 C.	ilms S. Thous

Semi- Transfer THE PERSON NAMED IN . The state and a state of The Minimple Dog Table \* MARKET HALL THE PROPERTY OF TH

VR A1S (4) 1SM 9/S9

MARYLAND	STATE	DEPARTMEN	T OF	HEALTH	
ION OF STATISTICAL	RESEARCH	AND RECORDS —	BALTIM	ORE 1, MAR	YLAN

DIVIS **CERTIFICATE OF DEATH** 10170

		10170	ON OF ST.			TE OF DEATH		MARYLAND 1	016	3	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	here decease		n: Residence b	efore admission)	
	o. COUNTY DOT	rchester		MAR	<b>LAND</b>	o. STATE Maryland b. COUNTY Talbot					
	b. CITY OR TOWN (I	f outside corporate limits	write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corp	orote limits, write RI		nearest town)	
RURAL ond give neorest town) Cambridge 10vr Lmo 17da						s Oxford					
	d. NAME OF HOSPIT	'AL (If not in hospital, giv	e street add	dress)		d. STREET ADDRESS	100	1	. V .	e. IS RESIDE	NCE
		n Shore Stat	e Hos	spital				2	01	YES N	
	NAME OF DECEASED	First		Middle		Lost	4. DATE	Mon	h	Day Yeor	,
	(Type or print)	George		-		Roth	DEATH	Sep-	tember	21 196	61
S.	SEX	6. COLOR OR RACE	MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YE	AR IF UNDER 2	
	Male	White	WIDOWED	DIVORCE	D 🗆	2-2-76		85 yrs.	Months Do	ys Hours	Min.
100	. USUAL OCCUPATION during most of work	ON (Give kind of work do	ne 10b. Kit	ND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZEN	OF WHAT COU	NTRY?
	Waterman			_		Maryland				U.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	August (	C. Roth				Margaret	Ring				
		R IN U. S. ARMED FORC		CIAL SECURITY NO	), 17, <b>IN</b>	IFORMANT		Addr	ess	1770-50	
	no	-		-	I	RECORDS: Eas	tern S	Shore Sta	te Hosp	ital	
	1B. CAUSE OF DEA	TH [Enter only one cou	e per line	for (o), (b), and (c)	.]					NTERVAL BETWO	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Pul	monary E	nbolu	ıs				9 hours	A'III
	46	DUE TO					DESVIE				
	Conditions, if or										
	gove rise to in couse (o), stoting	m mediate									
1.	lying cause lost.	(c).	KEL								
NO	PART II. OTH	HER SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	EN IN PART 1(	19. WAS AUT	OPSY ED2
CAT		Arten	ioscl	erosis			10 yea	ars			10 🖼
RTIFI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	0b. DESCRI	BE HOW INJURY C	CCURRE	D. (Enter noture of injury in	Port I or Po	ort II of item 1B.)		λ	
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								7	
ICA	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Year		JRY OCCURRED		ACE OF INJURY (Home, for story, street, office bldg., et		ty or town)	(Cour	ity)	(Stote)
MEC	p. m.	19	While of work [	Not while of work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. I certify tha	+ (5x (1)000000000000	ottended	d the deceosed	from	7-1 . 19	59. to	9-21	1961	that (I) (ver	<b>Y</b> last
И	saw the deceas	, , , , ,	20	19 61 and	I that a	7-1 19 leath occurred of 6:	50M. from	the causes on	d on the d	ate stoted at	oove.
	220. SIGNATURE	0	. /	1						22b. D.	ATE
		Caner /v	he			M.D. ATTENDING	AED.	STAFF	Superin	tendent	9-21
	22c. PHYSICIAN'S NAME (Type)	11		1		22d. ADDRESS					6.
	Trone (Type)	George H. 1	ongle	y, M.D.		Eastern Sh	ore S	tate Hosp	ital,	ambridge	e, Mo
230	BURIAL CREMATIO	N. 23K DATE THEREOF	101	23c. NAMS OF CEN	ETERY	R CREMATORY	23d. LOC/	ATION KILLY, JOWN,	or country)	( Mote)	
	Butte	, +XX1-23,	1961	alles	19	Cell	4	CHARLE	/h	4	
24.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	8	250. REC	D BY REGIS	1/ -	TRAR'S SIGNA		
	Thouse	4.8 11911	MANI	Page 1	a	1 LANNIKTE	SEP 2 !	561 (	Irthur S.	Tham	

TOTON DESCRIPTION OF DEALERS CHAPOR. Gramma Committee of the 

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDI	<b>TIFIC</b>	ATE	OE	DEA	
CER		AIE	UL	UER	

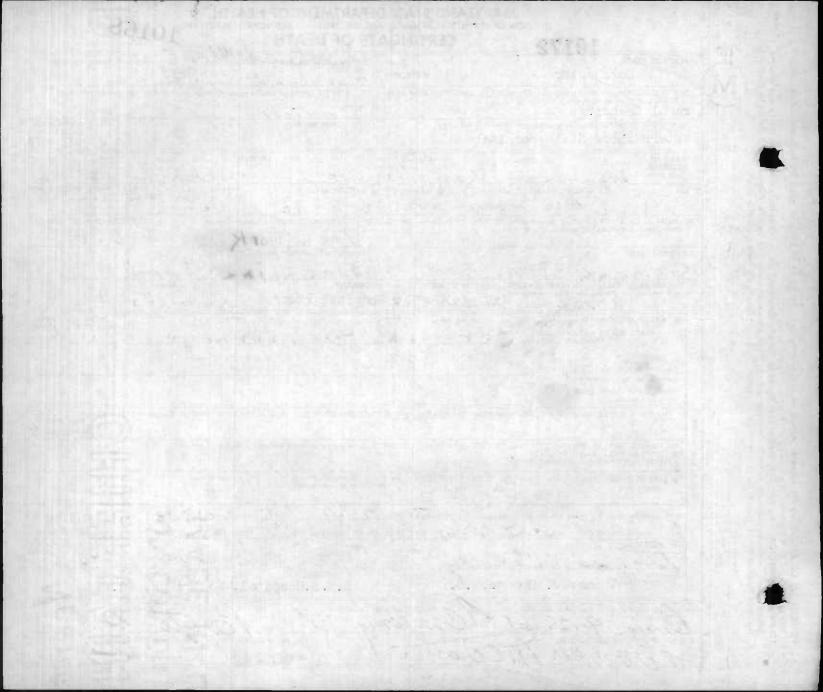
10171	CEKTIFICA	IE OF DEATH	1010	
1. PLACE OF DEATH o. COUNTY	Carlotte and the same	2. USUAL RESIDENCE (Where dece		before odmission)
DORCHESTER	MARYLAND	O. STATE MARILAND	b. COUNTY KEN	T
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporote limits, write RURAL and gi	ve nearest town)
RURAL and give nearest town)  AMBRIDGE	3 WEEKS	CHESTERTOWN	143	7-2.
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION,		d. STREET ADDRESS		e. IS RESIDENCE
EASTERN SHORE STATE HO	SPITAL	101 S. MILL 3	57	YES NO
3. NAME OF First DECEASED	Middle	Lost 4. DAT	E Month	Day Yeor
(Type or print) BENJANIN	FRANKLIN	SHINN DEA	TH SEPTEMBER	3 1941
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	Lead the state of	PEAR IF UNDER 24 HRS.
MAIF WHITE WIDOW	WED DIVORCED	OCT. 16.1871	SG yrs. Months C	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State or foreig	n country) 12. CITIZ	EN OF WHAT COUNTRY?
FARMER	FARM	MARULANI	3 U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
WILLIAM D SHIN	N.	LINA KXXX	xxxxx Kend	lal1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yes, no, or unknown)   (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
NO	19-34-3639 7	JOSPITAL RECE	RITC	
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	CARCINOMA	PROSTATE		ONSET AND DEATH
DUE TO				
Conditions, if ony, which ) (b)	UPICULAD F	BRILATION		
gove rise to immediate	UNICUS. FIL			
lying couse lost.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING AUGUST OF DEATH				PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DE	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
206. DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (	City or town) (Co	ounty) (Stote)
Hour o.m. Whi		ctory, street, office bldg., etc.)		
The state of the s		A. 12 12	S >1	
21. I certify that (1) (this haspital) atter	9 . / .	201		, that (I) (we) last
saw the deceased alive an 220. SIGNATURE	19_E/, and that a	death accurred at LAM, fro	om the causes and an the	
220. SIGNATURE	1 1 1	ATTENDING MED.	_ STAFF _ C _ C	22b. DATE SIGNED
22c. PHYSICIAN'S	na.	M.D. PHYS. DIRECTOR  22d. ADDRESS	PHYS. A JEP	1,3,1961.
NAME (Type)	~~	E C'14		- A.
HARKY J. CRAYYPO	IKD,	L SHORE STATE !	tostilal LAMI	3 RIDGE IND
23a. BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Specify)	23c. NAME OF CEMETERY C		hestertown, M	d. (Stote)
Burial 9/5/61	Chester C	J		
24. FUNERAL DIRECTOR'S SIGNATURE	). Chestertown	Md. 25a. REC'D BY REC		
T. Willis Will	5 9.100 002 00 11.	DATE D 6 16	31 Chillian S. Th	all

Tarqr Manager The second secon . Dit lanco result to the control restautiff

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10168

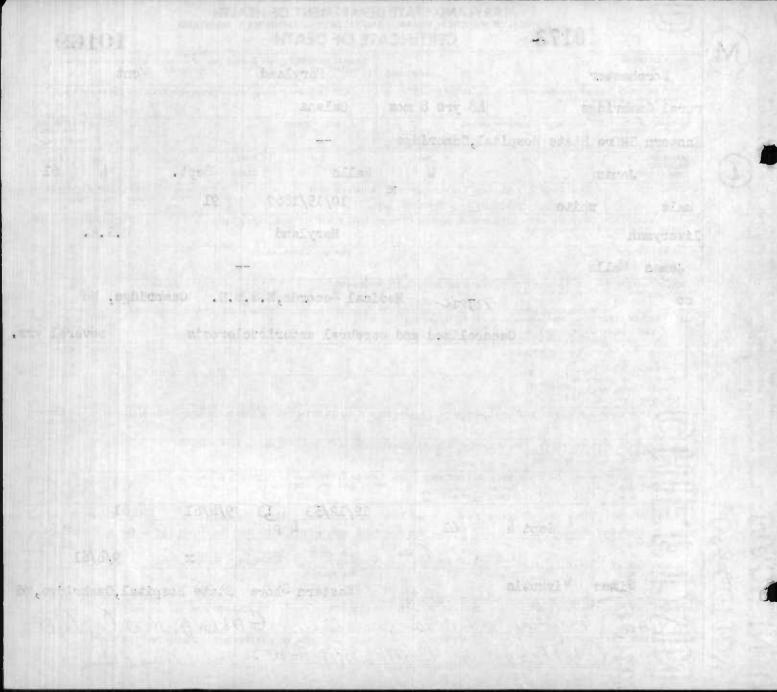
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
o. COUNTY Dorchester MARYLAND	o. STATE  Marylerd Caroline					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  rural Cambridge						
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  e. 1S RESIDENCE					
Eastern Shore State Hospital	05 X-2 ON A FARM?					
3. NAME OF DECEASED (Type or print) Wallace Ray 57	4. DATE Manth Doy Yeor DEATH SEAT 18 1961					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
white widowed of Divorced	6-8-95 lost birthdoy) Manths Days Haurs Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	New York USA					
13. FATHER'S NAME GEORGE STONE	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address					
	Hospital records Cambridge Md					
1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral	Heemorrhege Unk					
DUE TO						
Canditians, if any, which ) (b)						
gove rise to immediate (						
cause (a), stating the <u>under</u>   DUE TO     lying cause lost.   (c)						
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ON CONTRIBUTING TO DEATH BUT ON CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO COURSE OF DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTION	D. (Enter nature af injury in Part I or Port II of item 18.)					
Hour o.m. While Not while fa	LACE OF INJURY (Home, form,   20f. (City or tawn) (Caunty) (State) tctary, street, affice bldg., etc.)					
p. m. 19 of wark of work						
21. I certify that (I) (this hospital) attended the deceosed from	7-27 1957, to 5 e h 1 18, 1961, that (1) (We) lost					
	death occurred at 50 M, from the couses and on the date stated above.					
22a. SIGNATURE	22b. DATE					
Thomas J. Dredae	M.D. ATTENDING MED. STAFF PHYS. MY 9-18-6/					
22c. PHYSICIAN'S NAME (Type) Thomas J. Dredge, M.D.	E.S.S.Hospital, Cambridge, Md.					
23a. BURILL, CREMATION, 23b. DATE THEREOF 28c NAME OF CEMETRY COMEMON 9-25.	OR CREMATORY 23d. LOCATION (City, tawns or county) (State)					
24. FUNERAL DIRECTOR'S SIGNATURE DORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					



VR A1S (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

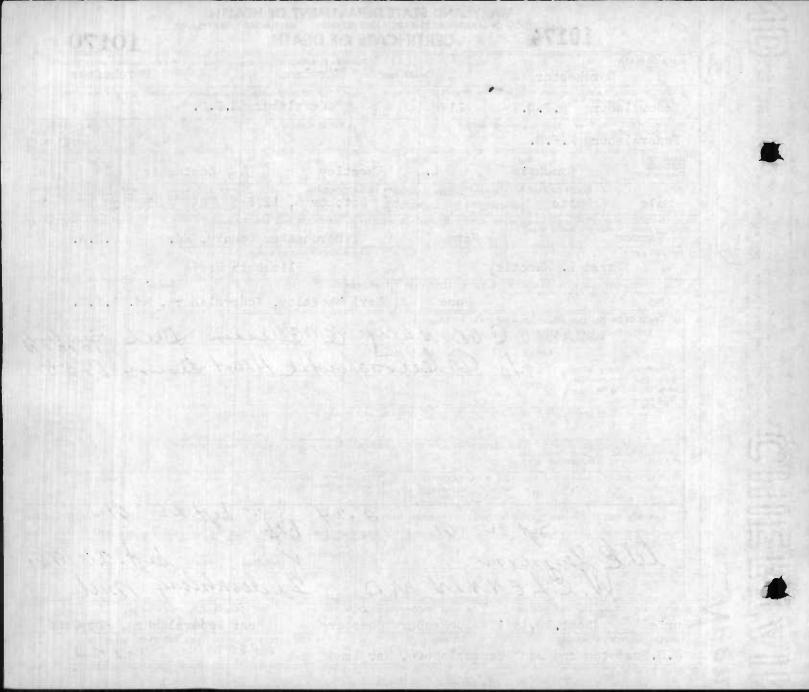
1. PLACE OF DEATH a. COUNTY Dorches	ter	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE Maryland b. COUNTY  Kent						
	If outside corporate limits, v garest town)	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Galena					
OR INSTITUTION	TAL (If not in hospitol, give re State Hosp	street oddress)	ON A F				e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Jam	First	Middle W	Walls	4. DATE OF DEATH	Sept. Month	<u>1</u>	Year 161	
5. SEX male		MARRIED NEVER MARRIED E	10/15/18	869 9		F UNDER 1 YEAR Months Days	Hours Min.	
10a. USUAL OCCUPATION during most of wor Liveryman	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (S		γ)	U.S.	WHAT COUNTRY?	
13. FATHER'S NAME  James Wa	lls		14. MOTHER'S MAIDI	EN NAME			A THE	
	R IN U. S. ARMED FORCES (If yes, give war or dates of service		informant dical Record	s,E.S.S.H.	Addres Camp	tridge, l	Md	
Conditions, if a gave rise to i cause (a), stating lying couse last.  PART II. OTI  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under (c) (c) (c)	ons <u>contributing to death</u> b		1 6 6		V IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year	While Not while	RED. (Enter noture of injury PLACE OF INJURY (Home, factory, street, affice bldg.,	farm, 20f. (City or t		(County)	(State)	
21. I certify the	sed alive an Sept  Non Virkuti	Trame-	M.D. ATTENDING PHYS. 22d. ADDRESS  Eastern	MED. S DIRECTOR P	STAFF THYS.	an the date	22b. DATE	
230. BURIAL, CREMATIC BURIAL SPECIFY 24. FUNERAL DIRECTOR	9-6-61	23c. NAME OF CEMETERY Halena (	emetery	23d LOCATION GALE	City, tawn, ar	COUNTY)  ENT CO  RAR'S SIGNATU	(State)	
E de van	A Gallan	- ' 11' -	. 19		250. KCO1311			



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 10174 CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY	orchester		MARYL	AND	2. USUAL RESIDENCE (V	Where deceased	lived, If institution b. COUNTY	Dorche	efore odmis	ssion)
	b. CITY OR TOWN (II RURAL ond give ne Federalsb	outside corporate limi orest town) urg R.F.D.	ts, write	c. LENGTH OF STAY I	N 16	Federals			JRAL and give	nearest taw	/n)
	or institution Federalsb	al (If not in hospital, gurg R.F.D.	ive street	address)		d. STREET ADDRESS				ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Brooks		Middle L.	Wh	eatley	4. DATE OF DEATH	Septemb		Day 26	Yeor 19 61
5. 5	Male Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIE	ומו	October 6,	1877	9. AGE (In years lost birthday) 83 yrs.	Months 29		
	Farmer	N (Give kind of work ing life, even if retired	done 10b.	Farm	INDUST	RY 11. BIRTHPLACE (Stor	er Cour			S.A.	COUNTRY?
13.	FATHER'S NAME	aac L. Whea	atley			14. MOTHER'S MAIDEN	zabeth	Davis			
		R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO. None	1	ORMANT orl Wheatley	, Feder	Addralsburg,		F.D.	
ATION	420 Canditians, if or gove rise to in cause (o), stating lying cause lost.	the <u>under-</u> DUE TO	40	CONTRIBUTING TO DEA	02	Clerotic		A Description GIV		PERF	AUTOPSY ORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. II	NJURY OCCURRED	20e. PLA	(Enter nature of injury i	arm, 20f. (City		(Cou		(Stote)
MEC	p. m.			led the deceased the least of work and least of	fram.	eath accurred of	1953 Tak	seff. 22 the causes and STAFF PHYS	,		
	BURIAL, CREMATIO REMOVAL (Specify)	Sept. 28.		23c. NAME OF CEME				TION (City, town, of Federals)		(Sid	
	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS deralsburg,		25a. RE	BEP 2 9	RAR 25b. REGIS	TRAR'S SIGNA	ATURE	



CERTIFICATE OF DEATH 10175 With director within 24 hours after death. Page I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If in o. STATE Maryland o. COUNTY should be filed MARYLAND Dorchester, Co. the funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cambridge, Maryland. Life Cambridge. Maryland. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Cambridge Maryland Hospital 209 Rambler Road NAME OF 4. DATE Middle DECEASED OF DEATH S. Willey (Type or print) Perry SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Male White DIVORCED T 2/10/1897 WIDOWED T 6/1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF MISHONS R INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Line Foreman Eastern Shore Phibic Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME death certificate William E. Willey Eugenia Wroten 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No No No 211-07-7560 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUS requires that þ Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. burial-transit ART II. OTHER SIGNIFICA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) certificate as the 20 MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) factory, street, office bldg., etc.) Hour o. m. Not while of work ot work 21. I certify that/I attended the deceased from alive an DIRECTOR: 0 SIGNATURE pinoy HOSPITAL NAME (Type) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY Bringvah (Specify) Dorchester Memorial Park

TO FUL VS A15 (4) MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	•
Reg. Dig. No.4	174
Reg. Dist. Np.4	odmissi a
Dorchester	Co.
rite RURAL and give neares	

Months

Doys

Hours

INTERVAL BETWEEN

. IS RESIDENCE ON A FARM?

YES NO X

Month Day Year 6 61 19 IF UNDER 1 YEAR IF UNDER 24 HRS

yes. 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Address Mrs. Perry Willey 209 Rambler Road Cambridge.

ED BY: AUSE (o)	MyeloEd Tankonia	CANCOK
DUE TO		/
(b)		
DUE TO		
(c)_		
NT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY

NO |

20b. DESCRIBE HOW INJURY OCCURRED Finter nature of Injury in Part 1 or Part 11 of item 18.)

Lithat I last saw the deceased

(State)

(County)

fram the causes and an the date stated above.

22d. LOCATION (City, town, or county)

Cambridge, Maryland.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Le Compte Funeral Service Cambridge, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krayes

ALL TREES HOUSE COLUMN TOWNS THE WAY the diminator court made - Of the last transfers the Cartest and the Ca Meatern re-olidate the terrest research to that the Title No and supply actives large to the con-